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DEVELOPMENTS IN AGING: 1983
VOLUME 2—APPENDIXES

A REPORT

OF THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

PURSUANT TO

S. RES. 76, MARCH 2, 1983

Resolution Authorizing a Study of the Problems
of the Aged and Aging

FEBRUARY 29 (legislative day, FEBRUARY 27), 1984.—Ordered to be printed

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LETTER OF TRANSMITTAL

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C., February 29, 1984.

Hon. GEORGE BUSH,
President, U.S. Senate,
Washington, D.C.

DEAR MR. PRESIDENT: Under authority of Senate Resolution 76, agreed to March 2, 1983, I am submitting to you the annual report of the Senate Special Committee on Aging, Developments in Aging: 1983, volume 2.

Senate Resolution 4, the Committee Systems Reorganization Amendments of 1977, authorizes the Special Committee on Aging "to conduct a continuing study of any and all matters pertaining to problems and opportunities of older people, including, but not limited to, problems and opportunities of maintaining health, of assuring adequate income, of finding employment, of engaging in productive and rewarding activity, of securing proper housing and, when necessary, of obtaining care and assistance." Senate Resolution 4 also requires that the results of these studies and recommendations be reported to the Senate annually.

This report describes actions during 1983 by the Congress, the administration, and the Senate Special Committee on Aging which are significant to our Nation's older citizens. It also summarizes and analyzes the Federal policies and programs that are of the most continuing importance for older persons, their families, and for those who hope to become older Americans in the future.

On behalf of the members of the committee and its staff, I am pleased to transmit this report to you.

Sincerely,

JOHN HEINZ, *Chairman.*

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DEVELOPMENTS IN AGING: 1983

VOLUME 2—APPENDIXES

February 29 (legislative day, February 27), 1984.—Ordered to be printed

Mr. Heinz, from the Special Committee on Aging, submitted the following

REPORT

APPENDIXES

Appendix 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON THE AGING

January 4, 1984.

Dear Mr. Chairman: On behalf of the Federal Council on the Aging, I am pleased to submit a preliminary summary of the 1983 annual report.

This document highlights the various positions taken by the Council on a number of legislative and other issues concerning the well-being of the elderly. We hope the Council's views will be considered as the 98th Congress reconvenes.

We appreciate the continuing interest of the Special Committee on Aging and look forward to another year of cooperative efforts with committee members and staff toward our mutual goal of service to older Americans.

Sincerely,

Adelaide Attard, *Chairperson.*

Enclosures.

Summary of the 1983 Annual Report

I. INTRODUCTION

A. Background

The Federal Council on the Aging (FCA) is a functional successor to the earlier and smaller Advisory Council on Older Americans created in the 1965 Older Americans Act. The Council was created at a time, 1973, when there was concern within Congress as to the adequacy of the then-existing Federal system arrangements for looking after the interests of older persons and as to the breadth of vision likely to be reflected in such oversight and assessment.

Having decided to upgrade (supplant) the existing advisory committee, the Congress found "model" legislative language readily at hand—in the legislative charter of the U.S. Commission on Civil Rights. That legislative language was simply adapted to define the powers of the FCA, but excluding the subpena power.

The Federal Council on the Aging is authorized by section 204 of the Older Americans Act, as amended. The Council is composed of 15 members appointed by the President with the advice and consent of the Senate. Council members, who are appointed for 3-year terms, represent a cross section of rural and urban older Americans, national organizations with an interest in aging, business, labor, and the general public. At least five of the members must, according to the law, be older individuals.

The President selects the Chairperson of the Council from among the appointed members. The Council meets at the call of the Chairperson at least quarterly.

Functions of the Council include:

—Reviewing and evaluating, on a continuing basis, Federal policies regarding the aging as well as programs and other activities conducted or assisted by all Federal departments and agencies for the purpose of appraising their value and their impact on the lives of older Americans.

—Serving as a spokesperson on behalf of older Americans by making recommendations about Federal policies regarding the aging and federally conducted or assisted programs and other activities relating to or affecting them.

—Informing the public about the problems and needs of the aging by collecting and disseminating information, conducting or commissioning studies and publishing their results, and by issuing reports; and

—Providing public forums for discussing and publicizing the problems and needs of the aging and obtaining information relating to those needs by holding public hearings and by conducting or sponsoring conferences, workshops, and other such meetings.

The Council is required by law to prepare an annual report which is submitted to the President by March 31 of the ensuing year. Copies are distributed to Members of the Congress, governmental agencies, private agencies, institutions of higher education, and to individual citizens interested in Council activities.

Funds appropriated for the Council are a line item in the overall appropriation of the Department of Health and Human Services. These funds are used to underwrite meetings of the Council and to support staff.

The result of its public meetings and activities concerning issues and policies affecting older Americans are shared with the President, Congress, the Secretary of the Department of Health and Human Services, the Assistant Secretary for Human Development Services, the Commissioner of the Administration on Aging, and others interested in the well-being of older Americans.

B. Members

Adelaide Attard, Chairperson of the Federal Council on the Aging; Commissioner, Department of Senior Citizens Affairs, Nassau County, N.Y.

Margaret L. Arnold, coordinator, women's activities, American Association of Retired Persons, Washington, D.C.

Nelda L. Barton, president and chairman of the board, Health Systems, Inc., Corbin, Ky.

Edna Bogosian, principal insurance examiner, Department of Banking and Insurance, Commonwealth of Massachusetts, Boston, Mass.

James N. Broder, Esquire, senior resident partner, Thaxter, Lipez, Stevens, Broder, & Micoleau, Portland, Maine.

Sydney Captain, member, Governor's Conference on Aging; commentator on Florida radio and TV stations, Melbourne, Fla.

Jacob Clayman, president, National Council of Senior Citizens, Washington, D.C.

Charlotte W. Conable, Vice Chairperson of the Federal Council on the Aging, Washington, D.C.

Edmund T. Dombrowski, M.D., chairman of the board, Western Orthopaedic Institute, Redlands, Calif.

Kathryn G. Dusenberry, member, board of supervisors, Pima County, Ariz.

The Rev. Msgr. Charles J. Fahey, director, Third Age Center, Fordham University, New York, N.Y.

D. Anthony Guglielmo, owner and manager, Penny-Hanley & Howly Insurance Co., Stafford Springs, Conn.

Frances S. "Peg" Lamont, State senator, Aberdeen, S. Dak.

Josephine K. Oblinger, J.D., State representative, Sherman, Ill.

Edna "Bonny" Russell, Ph. D., director, education and training, San Jose State University, San Jose, Calif.

C. 1983 Meeting Dates

The Council met four times during the year, as required by the Older Americans Act. The meeting dates were March 9 and 10, May 16 and 17, September 14 and 15, and November 21. Meetings were held in Washington, D.C., with the exception of the November meeting which was held in San Francisco, in conjunction with the 36th annual scientific meeting of the Gerontological Society of America.

All Council meetings were announced in the Federal Register and notices of the meetings sent to representatives of national organizations, to staff of various Federal agencies and to congressional members and committees with a special interest and responsibility in the field. Representatives of these groups and the general public usually attend Council meetings. Minutes are distributed to individuals attending the meetings and to those who receive notices of the meetings. Publications and documents pertinent to official actions are maintained in the office of the Council and are available to the general public. The Council's mailing address is: Room 309D.2, HHH Building, Washington, D.C. 20201.

D. Council Meetings Scheduled for 1984

The Council is tentatively scheduled to meet February 29 and March 1, May 2 and 3, September 12 and 13, and November 14 and 15. The September meeting is scheduled to be held in Maine.

II. ACTIONS OF THE FEDERAL COUNCIL ON THE AGING

A. Social Security and Medicare

President Reagan established the National Commission on Social Security Reform as a result of the continuing deterioration of the financial position of the old-age and survivors insurance trust fund, the difficulty in arriving at a solution, and the concern about eroding public confidence in the social security system. The bipartisan Commission released its final recommendations in January 1983.

The ad hoc social security work group, consisting of Chairperson Adelaide Attard, Msgr. Charles Fahey, and James Broder, Esq., was formed to develop a position on the Commission's recommendations. The Council reviewed the recommendations when they were released and transmitted a letter to the President that include the following:

"The Federal Council on the Aging wishes to commend the National Commission on Social Security Reform for developing a reasonable, workable compromise in a highly complex situation. The Council supports this package of recommendations and urges swift passage to insure the solvency of the social security system.

"Recent reports regarding the fiscal instability of the medicare hospital insurance trust fund point to the pressing need for strengthening this program that is so vital to many of our elderly citizens. Your initiatives designed to control medical costs are an important first step in addressing this crisis. The close relationship and interaction of the medicare, medicaid, and veterans health care systems suggest that any reform actions taken must include planning for all three programs in order to develop a comprehensive solution.

"We recommend the formation of a commission to study and recommend options for improvement, well in advance of the impending crisis with medicare. This commission should have representation by senior citizens and be similar in nature to the National Commission on Social Security Reform.

"The Council also strongly urges the provision of an extensive and long-range public education program as vital to an understanding of our income security and health systems. Beginning with school age persons, the importance of financial planning for retirement and provisions for the possibility of long-term care health needs must be stressed. In addition, the importance of preventive health care ought to be taught to all ages. In long-range terms, the result of such education might be a major shift in the need for extensive support services during old age."

B. 1981 White House Conference on Aging (WHCoA)

The Post-White House Conference on Aging Committee, consisting of Charlotte Conable, Chairperson, Margaret Arnold, Josephine Oblinger, and Chairperson Adelaide Attard, reviewed the recommendations and followup activity that resulted from the Conference.

As part of the review, the committee met in early 1983 with the Deputy Assistant Secretary for Social Services Policy, who is the Department of Health and Human Services (HHS) official responsible for followup to the 1981 White House Conference on Aging.

The committee found that HHS has a computerized tracking system of the Secretary's implementation plan that follows progress on the 53 recommendations pertaining to the economy, health care, social benefits, and research. A work group chaired by the Office of Human Development Services (OHDS) has also completed a report on service delivery improvements. The Cabinet Council on Human Resources is also examining employment and retirement policy. The Secretary's (HHS) health promotion campaign has aging as one its major components and many activities are being implemented in response to the WHCoA recommendations. The office of the Deputy Assistant Secretary for Social Service Policy has developed an overview research agenda on aging that will be used by the operating components of HHS that are involved in aging research. This overview will be utilized as the agencies develop their fiscal 1984 and 1985 research plans.

Several other groups, such as the Action Committee To Implement the Mental Health Recommedations of the 1981 WHCoA are engaged in followup activities. The FCA's Housing and OAA Reauthorization Committees have used the 1981 WHCoA's recommendations extensively in developing the Council's 1983 recommendations in their areas, and future Council committees will use the recommendations as reference points for deliberations in 1984.

In view of this, and the expectation that others in the aging network will be advocating for a variety of recommendations that emerged from the 1981 WHCoA, the FCA felt that the committee had completed their assignment and that at the present time, no additional recommendations regarding followup to the 1981 WHCoA were needed.

C. Bertha Adkins Memorial Award

To commemorate the 10th anniversary of the Federal Council on Aging, the Bertha S. Adkins Memorial Award for Distinguished Service to Older Americans has been established. The first award was given to John B. Martin on May 16, 1983, for his many years of inspiring leadership and dedication to the cause of enhancing the quality of life for all Older Americans.

Mr. Martin, 73, has been a well-known advocate of the concerns of older persons for many years. In his home State of Michigan, he was a successful attorney, served as a State senator, was elected State auditor general, and later was vice chairman and then chairman of the Michigan Commission on Aging. Mr. Martin was appointed by President Nixon as U.S. Commissioner on Aging and as Special Assistant to the President for Aging from 1969 to 1973. He then served as a legislative consultant to the American Association of Retired Persons until his retirement in 1982. In 1974, he was appointed a charter member of the Federal Council on Aging (FCA) by President Nixon, was renominated in 1976 by President Ford, and again in 1978 by President Carter.

HHS Secretary Margaret Heckler, Dorcas Hardy, Assistant Secretary for Human Development Services, Lennie-Marie Tolliver, Ph. D. U.S. Commissioner on Aging, and FCA Chairperson Adelaide Attard congratulated Mr. Martin on receiving the award and the Council for its anniversary.

The speakers also reminded those who attended the ceremony of Bertha Adkins' numerous contributions to the Nation. Serving as Chairperson of the Council was the last of many of the national roles of Ms. Adkins. She was a fomer Under Secretary at the Department of Health, Education, and Welfare, a leader in Republican politics, a champion of women's rights, a progressive educator, and a community organizer. Her death in early 1983 marked the end of a life and career devoted to public service.

D. Housing

The dramatic rise in housing costs during the past decade burdens all Americans. But the elderly, most of whom live in retirement on pensions and social security, are often hard pressed to maintain the homes which they have worked for all of their lives. Difficulties exist for the large number of elderly who live in their own homes but are "cash poor," and those who need social and other supportive services to remain independent. Homes, with their memories and familiar surroundings, are an aging person's greatest security, and often represent the sum total of tangible assets.

The Federal Council on Aging has sponsored efforts to support recommendations contained in both the President's Commission on Housing report and the 1981 White House Conference on Aging's housing committee report. Of special interest to the Council are the various mechanisms available to elderly homeowners for converting their home equity into income while remaining in their homes. The private market has many mechanisms available to meet these objectives, all of them relatively new and experimental. Determining appropriate roles in this evolving area is complex and requires sensitivity to the potential risks involved for both borrowers and lenders and how to best deal with beliefs and attitudes of the elderly regarding their homes.

The Council is interested in expanding housing options for the elderly by promoting home-sharing and accessory housing. Elderly homeowners often need additional resources to maintain their homes while at the same time, meeting the need for companionship. The Council is equally concerned about the lack of coordination between housing planners and the agencies that provide supportive services to keep older individuals in publicly or privately sponsored housing. The housing committee, chaired by James N. Broder, Esq., and including D. Anthony Guglielmo, Edna Bogosian, Edmund Dombrowski, and Frances Lamont, looked into these and other issues in 1983.

Recommendations on Housing

(1) The Federal Council on the Aging recommends passage of legislation to amend sections 328 and 250 of the National Housing Act to permit demonstration of an insurance program for borrowers and lenders of reverse mortgages.

(2) In the absence of rulings from the IRS and in response to the recommendations of the 1981 White House Conference on Aging, the Federal Council on the Aging recommends legislation to amend, for example, sections 72, 121, 167, 168, 183, 212, 453, and 1001 of the Internal Revenue Code. These changes will permit buyers in sale-leaseback arrangements to allow depreciation and sellers over age 55 to claim one-time capital gains exclusions for tax purposes.

(3) The Federal Council on the Aging recommends continuing information exchange, knowledge-base development, and sharing expertise and other resources for home equity conversion. This means working with advocates for the elderly; housing, insurance, and legal specialist; researchers and specialists in research utilization and uses of innovation; and members of the banking and financial community.

(4) The Federal Council on the Aging recommends that proceeds from home equity conversion should be disregarded as assets in computations to determine public benefit eligibility and benefits should not be reduced as a result of such proceeds.

(5) The Council will seek IRS action through a joint letter with the American Bar Association and, in the absence of such action, to support legislation that would provide a safe harbor for investors and safeguards for older homeowners in sale/leaseback transactions.

E. Factfinding Session

On September 14, 1983, in Washington, D.C., the Federal Council on the Aging called together 10 experts to discuss the tax aspects of sale/leaseback transactions. The Council's concern for increasing housing choices for older Americans and for understanding more about certain home equity conversion mechanisms were the reasons for holding this factfinding session.

Malcolm Lee, legislative aide to Senator Arlen Specter, described S. 1914 that had been introducted by Senator Specter. This proposed bill would allow elderly homeowners a one-time capital gains exemption involving a sale/leaseback transaction; and would also allow the purchaser/lessor depreciation on the value of the purchased property although the seller retains occupancy rights. Richard D'Avino, representative of the Office of Tax Legislative Counsel of the U.S. Treasury Department, indicated that to-date, the administration had not developed a position on the proposed legislation.

The second panel of witnesses consisted of Kenneth Scholen, director of the National Center for Home Equity Conversion; Leo Baldwin of the American Association for Retired Persons; and Dr. Maurice Weinrobe, an associate professor of economics at Clark University. This panel provided a vitally needed overview of the basic characteristics of the sale/leaseback transaction, its potential market and consumer acceptance, and the competing economic interests that appear in a sale/leaseback transaction.

Mr. Scholen cited lack of awareness and understanding of the concept and specific programs among potential consumers and among professionals, as well as lack of tax certainty as the primary barriers to commericalization. Mr. Baldwin focused his concerns on the consumer protection aspects of utilizing a mechanism of commerical real estate in a residential setting. Professor Weinrobe provided a focus on the market test of sale/leaseback transactions—both the buyer and seller have to be satisfied with what they receive in exchange for what they give up. While for the investor these tests are rather easily quantifiable matters of return, risk and competing investments, the elderly seller faces a more complex combination of economic and emotional decisions. Removing uncertainty in the tax aspects of the transaction, Professor Weinrobe said, would increase the attractiveness of the transaction to both parties.

The next panel consisted of Trudy A. Ernst, Esq., an attorney in private practice and Robert A. Petersen, CPA. Their positions on the need for legislation to provide needed tax certainty differed markedly. Ms. Ernst felt the Specter bill was needed to clarify the tax treatment of a senior seller with regard to the one-time exclusion of gain on the sale of a primary residence available to those over 55, and to add a vitally needed degree of tax certainty to the transaction. Mr. Petersen, on the other hand, felt in lieu of legislation, that an IRS ruling on a typical sale/leaseback set of facts, and a revenue procedure would be preferable.

The final panel, consisting of two law professors, Nancy E. Shurtz and Michael Hoeflich and Herbert Weinstein, Esq., an attorney in private practice, presented the Council with dramatic testimony concerning the public policy considerations surrounding the bill, the role of professionals in encouraging market acceptance, and a cautionary note that certain aspects of the proposed legislation might not provide the incentives intended. Professor Shurtz questioned whether the imputed tax expenditures that the proposed legislation would encourage would comport with notions of tax equity, administrative feasibility and economic efficiency. Professor Hoeflich focused his attention on some of the special aspects of intrafamilial transactions as well as the tax policy issue of targeting tax incentives versus direct subsidy to achieve social goals. The final panelist, although supporting the concept of the bill, provided specific suggestions for changes in its provisions to assure that its intended purpose would be realized.

After full consideration of the presentations made and extended discussions of the technical and policy issues presented, the Council concluded that sale/leaseback transactions by the elderly, with the proper consumer protection safeguards, should be encouraged. This position is consistent with the overall thrust of the Council to encourage the broadest range of housing options for the elderly, and in a word, to encourage choice.

Conclusions

Administrative measures seem preferable to legislation for clarification of tax treatment because they are less proscriptive and would permit a wider range of mutually beneficial options in future transactions.

A safe harbor must be created to protect parties to existing sale/leaseback transactions.

Appropriate revenue ruling in and revenue procedures, or in their absence legislation, can mitigate the disincentives to both parties.

Case law and most IRS rulings address commercial, not residential, sale/leasebacks. The two types vary in several ways important for formulation of administrative or legislative guidance.

Other specfic concerns related to individual sale/leaseback contracts and, potentially, to future legislation on the State and Federal level were discussed. The Council found that:

—*Sale/leasebacks between family members need special attention* to avoid problems in being recognized as "qualified" sale/leasebacks for tax purposes.

—*Consumer protection and senior seller counseling are critical aspects of the commercialization of residential sale/leaseback transactions.* The Council noted with interest the development of legislative proposals for consumer protection being developed by the State of Maine that would address both these concerns.

Although much remains to be done to develop a generally available sale/leaseback option in the marketplace, the Council looks to the day when selling one's home and living in it will be more exotic than living in one's home before it's paid for.

The full presentations and supplemental statements by the experts will be available in a separate publication now being compiled by the Council. All State and area agencies will receive copies, as well as Members of Congress, aging organizations, and financial and legal groups interested in home equity conversion mechanisms.

F. 1984 Reauthorization of the Older Americans Act (OAA)

The Older Americans Act has been amended nine times since its inception in 1965. Provisions of the original legislation were extended in 1967. The 1969 amendments strengthened the title III community services programs and charged the State agencies on aging with statewide responsibilities for planning, coordination, and evaluation of nutrition programs and authorized grants to public and nonprofit sponsors for the development of congregate meals services. The creation of the area agencies on aging was mandated by the 1973 amendments in addition to the creation of the National Information and Resource Clearinghouse for the Aging and the Federal Council on the Aging. Amendments made in 1974, 1975, and 1977 primarily extended the authority for continued program operation, and made a number of minor adjustments to the act. The 1978 amendments further strengthened and expanded title III of the act by consolidating the social services, multipurpose senior center, and nutrition services portion of the act. A separate title, title VI, authorizing grants for Indian tribes, was also established. In addition, a separate authorization for home-delivered meals was made under title III. Since the 1981 amendments primarily extended the programs and made only minor changes, the 1984 reauthorization period is a time for careful review and amending to update the act.

The Council established the reauthorization committee, consisting of Katie Dusenberry, Chairperson, Nelda Barton, and Edna Russell, Ph. D. In addition to looking at current issues, the committee reexamined the study and recommendations made by the FCA for the 1981 amendments. The process of identifying the current issues was begun by requesting a working paper from the University of Arizona's Long-Term Care Gerontological Center. The paper set the context for a roundtable discussion that was conducted by the FCA in December 1982, to which 13 national aging organizations were invited to make presentations. Concerns with the administration of title V programs and the targeting of resources were identified as major issues throughout the roundtable discussions. A polling by mail of 35 additional organizations that deal with aging issues revealed several other items, including concern with the quality and availability of research information. Meetings with congressional staff, State and area agency staff, and contacts at various local conferences around the country yielded considerable interest in the shift of responsibility and discretion in decisionmaking to the State and local levels. The Council made two public presentations on the draft recommendatins, one at the annual meeting of the Western Gerontological Society in Albuquerque, N. Mex., and the other at the annual scientific meeting of the Gerontological Society of America in San Francisco, Calif. Testimony on targeting title III resources given by Chairperson Adelaide Attard before Senator Grassley's Subcommittee on Aging completed the Council's activities in developing these recommendations.

Recommendations on the 1984 Reauthorization of the Older Americans Act

(1) In order to enhance the development of a continuum of care concept in the provision of services in the community, the Council recommends that an objective be added to the OAA which emphasizes the need for a systems approach to the needs of older persons in each community and which recognizes the uniqueness of both the individual and the community.

(2) The Council recommends the inclusion of a disclosure component combined with local reviews as a part of the intrastate funding formula requirement.

(3) The Council recommends that in the consideration of greatest economic or social need, emphasis should be placed on service to low income, minority, female, rural, living alone, and disabled older persons within the parameters of local circumstances.

(4) The Council recommends that title III funds shall be distributed to the States, with no distinction between part B and part C, allowing the individual State and area agencies full flexibility to determine what particular services shall constitute a comprehensive and coordinated system to meet the specific needs of older persons in that State based upon State and local plans developed through and evaluated by a comprehensive planning process.

(5) The Council recommends strengthening language in order to emphasize the importance of research, training, education projects and demonstrations. In addition, funding levels should be maintained commensurate with past appropriations and sufficient to fulfill the charge of title IV.

There should be greater effort to coordinate and analyze findings from completed and future research and evaluation projects in order to better utilize these findings. Additionally, there should be greater efforts made in developing and implementing a system to facilitate access to the findings, and to disseminate "best practices" throughout the agencies responsible for delivery of services.

The importance of this title to older Americans should be highlighted and the Council recommends the addition of a purpose statement to specify long-term goals for the Administration on Aging regarding grants under this title.

(6) The Council recommends shifting the administration of title V of the OAA from the Department of Labor (DOL) and bringing the administration of title V under the auspices of the Administration on Aging while continuing the current participation of the national contractors as well as the State sponsors. The funding mechanism of grants, as the title IV, would transition the program into AoA over a 2-year period. The third year funding would shift to the mechanism currently used in title III, with the funds flowing through the State and local units on aging. In addition, defining employment needs should be encouraged at the local level with a more flexible placement practice responsive to local and individual differences, regardless of any shift in administrative oversight.

These recommendations, including specific language changes and rationales, were finalized December 30, 1983, and will be transmitted to the President, appropriate government officials, and the Congress in January 1984.

III. FUTURE DEVELOPMENTS

In addition to the foregoing activities during 1983 that produced Council recommendations, several other efforts were undertaken by the Council that are expected to yield recommendations during 1984.

Because of the increased importance of health care and the cost of health care for the elderly, the Health Committee was formed. Chaired by Edmond Dombrowski, M.D., and including Nelda Barton, Edna Bogosian, Kathryn Dusenberry, Frances Lamont, and Edna Russell, Ph. D., the committee has a working paper that outlines suggestions for possible directions in the health area.

The Council is involved with the upcoming health promotion campaign that is being planned by the Public Health Service and the Administration on Aging of the Department of Health and Human Services. Agencies for both the public and private sector will also be involved in this campaign. In addition, Council members will play a role in the campaign through involvement in local coalitions in their communities as represenatives of the Council and the aging field.

The Council will review the recommendations of the Advisory Council on Social Security (Medicare) when they become final.

Currently, a large amount of the support that is given to the elderly is provided by the family. The increasing number of women in the labor force, the changing patterns of marriage and divorce, and the increase in the population of single older persons are important social and demographic trends that will define family life for older persons in the decades ahead. Caregiving within the family must be supported and the strength of the family must continue in order for the elderly population to experience and acceptable standard of living.

Because of this concern, the Family Support Committee was formed consisting of Charlotte Conable, Chairperson, Margaret Arnold, and Josephine Oblinger. Information on this subject has been compiled and experts contacted to help formulate goals for the Council. The committee is currently planning a factfinding session on this topic, to coincide with Older Americans Month in May 1984.

Appendix 2

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

DECEMBER 19, 1983.

DEAR MR. CHAIRMAN: Thank you for your letter of November 1, 1983, requesting an update of the Department of Agriculture's programs and services for older Americans in fiscal year 1983, for inclusion in the "Developments in Aging" report.

Enclosed are reports obtained from the following Department of Agriculture agencies: (1) Office of Rural Development Policy, (2) Farmers Home Administration, (3) Forest Service, (4) Economic Research Service, (5) Extension Service, (6) Food and Nutrition Service, (7) Office of Equal Opportunity, (8) Rual Electrification Administration, (9) Agricultural Research Service, and (10) Cooperative State Research Service.

We hope that the reports will be helpful to the committee and to individuals and groups on the field of aging. Thank you for giving us the opportunity to submit to the Special Committee on Aging, the annual reports from the Department of Agriculture agencies.

Sincerely,

JOHN J. FRANKE, Jr.,
Assistant Secretary for Administration.

Enclosures.

OFFICE OF RURAL DEVELOPMENT POLICY

The Office of Rural Development Policy, created by the Secretary of Agriculture, reports directly to the Under Secretary for Small Community and Rural Development. The Secretary has delegated to the Under Secretary responsibility for matters relating to rural development. The Office of Rural Development Policy has the responsibility to carry out the Rural Development Act of 1972, as amended by the Rural Development Policy Act of 1980. In addition, the office has the responsibility for working cooperatively with all USDA agencies, other appropriate Federal agencies, and State and local governments in addressing rural development policy issues. The office leads the executive branch effort in coordinating the formulation of the rural development strategy called for in the Rural Development Policy Act of 1980. This strategy takes into account the need to improve the economic well-being of all rural residents and address the problems of the elderly and otherwise disadvantaged rural residents. The following description reflects some of the activities conducted by the Office of Rural Development Policy that affect the rural elderly population.

The Office of Rural Development Policy staff prepared the first annual rural development strategy entitled "Better Country: A Strategy for Rural Development in the 1980's," which was submitted to Congress in February 1983. The report lists the most often cited concerns of rural Americans as the need for:

—Improved rural facilities and services.

—More effective application of national policies in programs serving rural America.

—Better housing.

—More private sector jobs and higher income.

The Office of Rural Development Policy also prepared promotion papers on "Food and Fitness Programs for Older Americans," for the food and fitness campaign promotion kits and a promotion paper to be shared with the State food and agriculture councils.

The Office of Rural Development Policy is 1 of 12 agencies that signed a working agreement during the months of March, April, and May 1983 for the Consortium on Information and Referral (I&R) Services for Older People. The purpose of this agreement is to stimulate the development and strength of I&R network systems through cooperative and coordinated efforts of a consortium of Federal and public agencies, selected national voluntary organizations, and the private sector.

Our staff has presented recommendations and views of the Office of Rural Development Policy to other Federal, State, and local agencies, and organizations concerned about rural elderly development. For example, presentations have been made at a rural conference, sponsored by Southern Illinois University at Carbondale, and at the National Conference on Rural Aging, sponsored by the Wisconsin District V Area Agency on Aging, Inc., in Madison, Wis.

The Office of Rural Development Policy is producing a rural resources guide, to assist rural leaders in identifying available resources for their communities. The guide will catalog public and private national-level technical and financial resource assistance. It will describe the types of assistance available from each organization and the office and telephone number to contact for more information. The guide will be organized in an easy-to-use manner by topics of interest to local officals.

FARMERS HOME ADMINISTRATION

HOUSING

(1) Section 502 rural housing loans are available to low-income persons who will reside in rural areas and currently do not own adequate, safe, and sanitary housing. The interest rate on section 502 loans is currently 11.875 percent, with a maximum repayment period of 33 years. Low-income recipients must also qualify for a subsidy on the loans which could lower the interest rate to as low as 1 percent. There were 596 loans made to the elderly during fiscal year 1983, and $25,829,570 obligated.

(2) Section 504 rural housing loans are available to low-income households who own housing in rural areas and who do not qualify for section 502 rural housing loans. The loans are used to remove health and safety hazards including: roof repairs, storm windows and doors, insulation, water and waste disposal systems, and other energy saving features. Terms are at 1 percent and up to 20 years. There were 587 loans made to the elderly during fiscal year 1983, and $2,230,930 obligated.

(3) Section 504 rural housing grants are available to very low-income homeowners (62 years of age or older) who cannot repay a section 504 loan. During fiscal year 1983, there were 3,845 grants and $12,499,930 obligated.

(4) The section 515 rural rental housing program provides rental or cooperative housing for persons with low and moderate incomes and for those age 62 and older in rural areas. The loans are repayable in not more than 50 years. During fiscal year 1983, 1,195 loans were made and $802 million was obligated. Approximately 25 percent of these loans were made for the construction of elderly projects.

(5) Section 515 congregate housing for the elderly and handicapped. The FmHA has authority under the section 515 rural rental housing program to build congregate housing for the elderly and handicapped. Congregate housing is an alternative for the elderly who need an assisted residential living environment. It offers the functionally impaired or socially deprived, but in good health (not actually physically ill), the residential accommodations with supporting services to assist them in maintaining, or returning to independent or semi-independent lifestyles to prevent premature or unnecessary institutionalization as they grow older.

The following supportive services are provided in the congregate housing: Meals (at least one a day, 5 days a week), personal care and housekeeping services, transportation, social and recreational activities. Developers who apply to FmHA for loans to build congregate facilities must demonstrate their ability to provide these minimum services. In most instances, developers are coordinating with social service agencies to obtain support in the provision of services.

A joint demonstration program was formalized in a memorandum of understanding between FmHA and the Administration on Aging (AOA) in 1979. FmHA supported the construction of 10 specifically designed congregate projects (30 to 40 units each) in the amount of approximately $10 million. AOA provided 3-year demonstration funds (annually $85,000) for services in each facility, including partial meal services, transportation, housekeeping and personal services, and social and recreational activities. The 10 demonstration projects are completed and fully occupied. the AOA has provided a no-cost extension of this demonstration for fiscal year 1984.

An evaluation of the demonstration program conducted under FmHA contract with the International Center for Social Gerontology (ICSG). The evaluation reports in detail on the experience of the first seven of the congregate demonstration projects and in a more limited way, two other ongoing FmHA funded 515 congregate projects that were developed without special demonstration support.

The Agency has funded a total of 18 congregate housing projects.

(6) FmHA has a staff person specifically trained in gerontology. FmHA personnel involved in programs for the elderly attend training sessions, seminars, conferences and work closely with other government agencies and organizations.

COMMUNITY AND BUSINESS PROGRAMS

Business and Industry Division

The business and industry (B&I) program guarantees loans for business and industrial development in rural areas under the Consolidated Farm and Rural Development Act, section 310B (7 U.S.C. 1932), rural industrial assistance.

The B&I program serves the elderly in rural areas by guaranteeing loans which benefit the elderly directly or indirectly. During fiscal year 1983, B&I guaranteed a loan of $1,575,000 for the expansion of the Golden Door, and intermediate care facility for mentally retarded adults. The facility is one of only three such institutions that are privately owned in the State of Tennessee and is minority owned. The Golden Door will expand from a 40-bed to a 72-bed facility.

B&I guaranteed 63 loans in fiscal year 1983 for projects, many of which opened up employment opportunities for the elderly capable of employment. Since the program began in 1974, B&I has guaranteed loans for over 200 projects benefiting the rural elderly in the amount of $194,858,258.

Such projects include physicians and dentists offices, chiropractic and osteopathic offices, skilled nursing care facilities, general medical and surgical hospitals, medical laboratories, outpatient facilities, psychiatric hospitals, and health and allied services enterprises.

One hundred and forty-five skilled nursing care facilities have been guaranteed for a total of $147,345,388.

WATER AND WASTE

Farmers Home Administration (FmHA) is authorized to provide loan and grant assistance to develop water and waste disposal systems that primarily serve rural residents in rural areas and in towns up to 10,000 people. Funds are available to public entities such as municipalities, counties, special purpose districts, and nonprofit organizations. Grant assistance may be made available for facilities serving the most financially needy communities to reduce user costs for eligible grant recipients to a reasonable level. In fiscal year 1983, 1,184 loans were made totaling $600 million and 630 grants totaling over $313 million.

Water and waste disposal loans and grants are made available directly to eligible applicants along with financial management assistance from FmHA personnel. This program is not specifically aimed toward helping only the elderly. However, through the program, needed water and waste disposal service is made available to all users in a service area including the elderly.

COMMUNITY FACILITIES LOANS

Brief Description

Community facility loans are made to public entities and nonprofit corporations that primarily serve rural residents in towns or cities not to exceed 20,000 people.

These loans are made to construct, enlarge, or improve clinics, nursing homes, hospitals, community buildings, fire stations, and equipment or other community facilities that provide essential service to rural residents, and to pay necessary costs connected with such facilities.

Nursing Homes

In fiscal year 1983, 11 loans were obligated for nursing homes in the amount of $10,171,400. Nursing homes directly impact on the elderly in that they are almost wholly occupied by the elderly.

Hospitals

Twenty-one loans were made in fiscal year 1983 for hospitals in the amount of $31,369,300.

Health Clinics

There were four physicians clinics and one dental clinic funded during fiscal year 1983 in the amount of $1,180,300. These clinics provide needed medical services to the rural population.

Miscellaneous Projects

Miscellaneous projects includes those facilities such as medical rehabilitation centers, nutritional centers, and vocational rehabilitation centers. During fiscal year 1983, 25 such loans were made for $6,414,600.

FARMER PROGRAMS

There is no program authority or internal policy specifically targeted toward the elderly in the Farmers Home Administration (FmHA) farm ownership (FO) and operating loan (OL) programs. The agency considers all applications on a first-come, first-served basis. All applicants must meet the necessary eligibility requirements for the programs. While there is no policy specifically targeted toward the elderly, FmHA does not discriminate against applicants based on age.

During fiscal year 1983, FmHA made a total of 10,918 FO loans in the total amount of $747,579,000 and a total of 56,560 OL loans in the total amount of $1,735,546,000. FmHA does not have statistics available to indicate the number of loans made to elderly persons.

FOREST SERVICE

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The U.S. Department of Agriculture, Forest Service, in cooperation with the Department of Labor, sponsors the senior community service employment program (SCSEP), which is authorized by title V of the Older Americans Act. The SCSEP has three fundamental purposes: (1) Community services to the general public, (2) part-time employment and supplemental income, and (3) training and transition of participants to the private sector labor market. The program employs economically disadvantaged persons aged 55 and older in 38 States, Puerto Rico, and the District of Columbia. The SCSEP seeks to improve the welfare of the underprivileged, low income, elderly, and to foster a renewed sense of self-worth and community involvement among the rural elderly.

Program participants are involved in projects on national forest lands such as construction, rehabilitation, maintenance, and natural resource improvement work. Enrollees receive at least the minimum wage to supplement their personal incomes. A major benefit of the SCSEP program is the opportunity participants have to regain a sense of involvement with the mainstream of life through meaningful work. Additionally, valuable conservation projects are completed on national forest lands.

The Forest Service's interagency agreement for July 1, 1982 to June 30, 1983, provided $16.8 million, which employed 5,107 persons (21 percent were minorities and 35 percent were women). For every dollar received for this program, the Government received $1.55 worth of conservation work.

During the July 1, 1983 through June 30, 1984 program, it is anticipated that 5,625 seniors will be employed with funding of $21.1 million. The Forest Service has initiated several experimental projects to devise new and innovative methods of training seniors and transitioning them into the private sector. Three projects involve the job corps program where seniors are trained together with young adults. Both young and old benefit from this intergenerational program. The seniors receive vocational skills training and the young adults learn from the elders' experiences and the pride and satisfaction which is demonstrated in their work. Other experimental projects provide on-the-job training and work experience involving word processing, photography, cartography, and photogrammetry.

ECONOMIC RESEARCH SERVICE

The Economic Development Division of ERS conducts research to analyze trends and causes of change in rural population, employment, income, housing, credit and local government services and finances. Programs for rural development have been shaped principally as a response to problems of population change, inadequate housing, underdeveloped public and private infrastructure, and rural poverty. Analyses of trends by EDD provides a basis for design of development assistance programs, advocacy for rural interests, and development strategies. A very significant segment of the rural population is comprised of the elderly, and thus most of the rural trends and problems examined have a major aged component. Specific activities in fiscal year 1983 included the following activities:

Research was continued from the two previous fiscal years on housing of the rural elderly. The work completed in fiscal 1983 included preparation of a manuscript for publication in USDA's Rural Development Research Report series. The 1983 expenditure on the project was nominal, since most of the work had been completed in the two previous fiscal years.

Another EDD study proposes to assess small communities' use of volunteers. The study will determine who volunteers, the special volunteer programs found in small communities, and problems encountered in administering programs. The study will assess how widespread voluntarism is in small communities and what are the policy implications. Although the study focuses on all age groups, it will determine whether the elderly are a significant component of rural volunteers. Approximately $5,000 in funds was expended on the project during 1983.

Initial stages of a survey of retirement growth in 10 counties of the Arkansas-Missouri Ozarks region were completed in fiscal 1983. Activities included development of sampling frames, questionnaire design, and clearance of the proposed survey. The study's purpose is to assess the impacts of population growth on rural and small town areas from substantial inmovement of retirees, with implications for business, employment, income, and other aspects of community. The fiscal 1983 expenditure for preliminary phases of the survey was $140,000.

A briefing on finding and using data on the rural elderly was delivered to the participants of a workshop sponsored by the Gerontological Society of America and held in conjunction with the annual meeting. The expenditure on this activity was nominal.

Research was done on transfer payments as a source of personal income of residents of Wisconsin counties. Retirement programs (including social security) and medicare paid almost two-thirds of the State's transfers. Implications for local economies, taxpayers, and recipients were explored. Fiscal year 1983 expenditure on the project was approximately $3,000.

Extension Service

National program leaders in Extension Service, USDA, provide leadership to 1862 and 1890 land grant institutions in 50 States, five territories and trusts, and the District of Columbia through two major functions:

(1) Cooperate with public and private agencies, institutions and organizations at Federal, State, and local levels in developing and coordinating resources and programs that will contribute to a satisfying and independent lifestyle for older persons. National, State, and County CES staffs network with the following: The American Association of Retired Persons, National Safety Council, National Council on Aging, Administration on Aging, National Institute of Health, American Rural Health Association, Public Health Department, American Home Economics Association, American Council of Life Insurance, Department of Transportation, geronotological societies, agencies on aging, Red Cross, USDA agencies, the National Extension Homemakers Council, Inc., and others.

(2) Provide leadership and direction to assist Cooperative Extension Service staffs with program development, coordination, implementation and evaluation of programs for the elderly in the areas of mental and emotional health and relationships, health and safety, and economics and resource management.

Below are highlights of accomplishments from selected State CES reports for three program units: Home economics, 4-H and youth, and natural resources and rural development.

HOME ECONOMICS: EXTENSION SERVICE

Extension Home Economics provides educational programs and training for volunteers who provide community services that contribute to the well-being of the elderly. "New Initiatives in Home Economics Research, Extension, and Higher Education," identifies five major initiatives for families. They are: (1) Family economic stability and security; (2) energy and environment; (3) food, nutrition, and health; (4) family strengths and social environment; and (5) leadership development and volunterrism.

Although all States and territories conducted programs for this population only selected States', activities and accomplishments are given below for the five initiatives.

1. Family Economic Stability and Security

(a) In two counties in *North Carolina,* the 1,890 staff reached 293 senior citizens with programs designed to foster improved financial management and physical adjustments.

(b) In 16 counties in *Kentucky,* 2,800 participants and 360 volunteer leaders participated in educational programs on selecting clothing to meet their physical, psychological, and social needs. In four counties, special interest clothing programs were presented to nursing home residents, families, staff, and participants at senior citizen centers.

(c) In two counties in *Indiana,* 64 Extension Homemaker Club volunteer leaders reached 700 club members with programs on physiological changes that occur with aging and apparel designs that accommodate the changes.

(d) Thirty-five elderly in Howard County, *Texas* earned $3,300 from sales at a crafts fair. Similar results were obtained at fairs and bazaars in 25 other counties and were conducted in cooperation with civic organizations.

(e) *Maine,* CES, for several years has been conducting a "senior community service training project" with funding from the National Council on Aging. Two hundred and two trainees aged 55 or over are enrolled in the job training program; of this number 105 were new enrollees this year; and 87 were terminated from the project with 43 obtaining unsubsidized employment. While in the training program the senior companions received $6,000 in stipends and travel. The companions are recruited, trained, and supervised by CES and are linked with individual elderly citizens who need assistance to remain independently and safety in their own homes. The teach clients to cope with isolation, loneliness, health and nutrition problems, energy conservation, and other independent living skills.

2. Energy and Environment

(a) A pilot program was conducted and tested in two *Oregon* counties in dependent and independent housing choices and community support services available. Expansion into other counties is anticipated.

(b) In *Missouri* a multidisciplinary Extension faculty conducted a 1½-day in-service training conference for 24 area specialists via teleconference and onsite activities. This electronic technology training focused on conducting educational programs to meet the energy and inflation concerns of the elderly. Missouri CES staff also conducted "how to weatherize homes" sessions for other agency staffs, leaders, paraprofessionals, and older Missourians. Networking existed with Green Thumb, area agencies on aging, community action agencies, and foster grandparents, and some additional funding was provided by the Division of Energy, Department of Natural Resources. Forty-six volunteer leaders and 8,427 people participated. Eighty percent of these participating reported that they had purchased or made a weatherization improvement. Five thousand reported saving over 6 billion Btu's valued at over $75,840.

(c) In *West Virginia,* Extension State specialists trained 88 people from welfare and health departments, community action agencies, commission on aging, churches, and Extension county offices to teach low-cost winter survival tactics to senior citizens and low-income clients. The 88 people trained worked with 2,720 individuals who made energy and monetary savings improvements to their homes and adopted lifestyles that contributed to survival and safety.

3. Food and Nutrition and Health

(a) Exercise programs to prevent the loss of movement and flexibility were conducted in senior centers at nutrition sites and for Extension homemaker club programs in *Missouri.* Two hundred older people participated and 83 developed a 12-month weekly exercise plan.

(b) Physical fitness programs in 17 *Nebraska* counties reached 2,354. Forty-four counties distributed the Prime Time Newsletter that was partially funded by local organizations, area agencies on aging, and individual contributions. Fourteen counties sponsored health fairs. Screenings were conducted and representatives from health and aging agencies and other community service agencies provided information and referral services.

(c) The theme for health promotion programs for the elderly in *North Carolina* was "your health is in your hands." At nutrition sites, 15,666 elderly participated in education programs and over 9,000 participated in the program at 255 Extension homemaker club meetings. In addition, 327 mass media programs on the individual's responsibility for personal health were presented.

(d) In *Texas,* 37 counties conducted or sponsored health fairs and health education programs for older adults that focused on increasing their self-help skills and reducing health care expenditures. In six counties, 146 participants were trained in the skills needed to function as sitters for the elderly. Thirty-five percent used the training for adult sitter employment; 10 percent for volunteer work, and 25 percent for care of family members. Fifty-five health promotion programs reached 5,694 older Texans.

(e) *Pennsylvania* CES was funded by the Metropolitan Life Foundation and Penn State to conduct a peer education nutrition program. Twenty-two peer educators (ages 61 to 79) were given 4 days of training by Extension specialists. Seven county Extension home economists recruited the peer educators and provided community linkages, encouragement, and additional information as needed. The peer educators conducted over 95 slide/tape and discussion sessions (primarily in senior centers) for 933 participants in 30 communities in 12 counties. "Shopping for nutritious bargains," "sodium in foods," and "the fat controlled diet" were some of the lesson topics.

(f) A 1975 cooperative agreement between *Alabama* CES and the Department of Pensions and Security continues and home economists are conducting educational programs at nutrition sites. The emphasis has been on food and nutrition, but also includes health education, energy conservation, clothing, housing, and financial management.

4. *Family Strengths and Social Environment*

(a) Extension home economists in 32 *Alabama* counties worked with the land grant and other universities, local banks, chambers of commerce, churches, and area agencies on aging to provide educational programs, meeting places, funding, and transportation for older Alabamians. Programs focused on planning for retirement, understanding the aging process, and adjusting to the death of a spouse.

(b) In *Texas,* over 10,000 older Texans increased self-esteem through participation in Older Texas Month recognition programs. In addition 1,024 older adults and youth increased intergenerational relationship skills.

(c) Fifty-five programs in 16 *Indiana* counties focused on intergenerational relationships, retirement lifestyles options, and positive adjustments to the aging process. Three hundred Extension homemaker club volunteers reached 4,867. In addition, home economists reached 1,772 including 200 males through cooperative linkages with senior citizen groups, the Cancer Society, homes for the elderly, and nutrition centers.

(d) In *Iowa,* 2,000 older persons and their families in 30 counties were reached through workshops, camps, and newsletters. Programs were designed to help participants increase their knowledge of the aging process and increase and improve intergenerational relationships. Extension cooperated with other agencies such as RSVP, homemaker-health aides, area agencies on aging, senior centers and congregate meal sites. An intergenerational program was conducted in cooperation with the public schools.

(e) A pilot project in *Arizona* has been initiated. Seventeen Extension homemaker club members have been trained to conduct a needs assessment of the elderly in a small rural community which will be used as the basis for the development of programs to meet the needs of the rural elderly.

5. *Leadership Development and Volunteerism*

(a) *Mississippi's* CES Institute on Aging, initiated several years ago, continues to provide resources for home economics and community and rural development education programs. Four topical tracks toward a certificate of applied gerontology are offered. Nine courses were taught this year and 162 professionals, paraprofessionals, and volunteers who work with low income, minority, and elderly participated. The institute cooperated with the Mississippi Nurses Association, National Rural Primary Care, churches, universities, RSVP, and others in programing and informing the public sector of gerontological issues and concerns.

(b) The *Missouri* Summer Institute on Aging, a 2-week classroom, workshop, and field study session was attended by 33 Extension staff members from several States. Four-year plans of work reveal that the institute will have a positive impact on expansion and content of programs for the aging.

(c) In *Texas,* 758 older adults increased leadership skills by serving on county committees on aging that serve CES and area agencies on aging.

(d) In *North Carolina,* senior adult volunteers are provided educational support in organizational techniques, public policy education, and value identification to help them "stay in the main stream" of community life. Senior groups organize councils on aging to secure funds, promote social activities for physical and emotional health, sponsor educational seminars specific to their interests, secure community supportive services, learn about new legislation and issues of concern to local communities and how to contribute to the legislative process—11,371 senior adult-volunteers were involved in community services, 22,923 senior adults participate in groups served by Extension, 4,132 involved in councils on aging and other leadership roles, 412 Extension leaders trained to handle organizational type activities specific to senior adults.

4-H AND YOUTH DEVELOPMENT

Intergenerational programs involving youth and older Americans are a significant part of the 4-H program. It is a natural phenomenon that older people serve as 4-H leaders to groups of youth throughout this country. They provide organizational, project, and activity guidance to thousands of 4-H units. Subject matter expertise is of critical importance to insure the quality of 4-H projects in specific areas of animal care, plant science, clothing and textiles, electronic technology, foods and nutrition, decisionmaking, interpersonal relationships, and leadership development.

Older adults are very active in working with youth in 4-H activities. The master gardener, master fix-it, master shopper, and master food preserver programs attract many retired people who work with others, including youth, after indepth training. An example of this intergenerational programing was Charleston County, *South Carolina's* master gardening program in which 37 volunteers gave 50 hours of time to 4-H training schools with youth, provided a plant demonstration for 200 4-H youth at a district school, conducted a 4-H gardening survey and began a 4-H EFNEP gardening club.

Older people have also been involved with 4-H cultural heritage programs. Senior citizens in the *Virgin Islands* have been providing island history and storytelling assistance to youth with an interest in local culture. Similar involvement of older Americans was experienced in Madison County, *Georgia*, where heritage seekers worked with spotlighting senior citizens in creating a book entitled "Past Tense."

Youth also help the aging. The adopt-a-grandparent program is active in several States. The "4-H Vial of Life" program in Glynn County, *Georgia*, involves 300 4-H'ers and 500 senior citizens with emergency information for medical assistance which increased the awareness of 4-H'ers of seniors in their community, older citizens were made to feel more secure and medical personnel are aided with information that would probably be unavailable without the vials.

4-H youth team up with the aging in community watch, crime prevention campaigns, safety programs, community service activities, and citizenship forums. Thirty-six counties in *Illinois* were involved with intergenerational activities focused on crime prevention, clean up, nursing home visits, voting campaigns, and attracting industry to the area. In cooperation with "Friends of Pets" in Louisville, *Kentucky*, 15 dog club members and 275 senior citizens in four nursing homes have jointly cared and loved dogs and cats in a sharing relationship mutually beneficial to all participants.

In *Michigan*, there is no age restriction in many counties so aging form 4-H clubs, select projects, attend camp at Camp Kett, and exhibit at fairs. In some of the counties senior 4-H members organized 4-H clubs for the aging—a true 4-H intergenerational experience.

NATURAL RESOURCES AND RURAL DEVELOPMENT

This Extension program area provides education in leadership and organization development, business and economic development, and community services and facilities such as elderly health care and transportation.

Illinois farm couples are participating with Extension in the development of an educational package, "Growing Older in Rural America: A Preretirement Planning Program for Farm Couples." Included in this educational package are modules on myths and realities of aging, health, lifestyle changes, financial planning, social security, family records, and turning the farm over to the next generation. When fully developed, the educational materials will be available nationally.

Public policy education programs in *Maryland* identified specific needs of the rural disadvantaged elderly. This effort led to the formation of the multicounty public interest group, the Council of Seniors for the Lower Shore, and Extension policy education programs on health and human resources, aging, and local government processes. In other Eastern Shore counties, State Energy Extension Service grants supported cooperative Extension training programs for volunteers and area agency on aging personnel in conducting home energy audits, energy conservation counseling, and weatherization work.

Extension community developement specialists in *Missouri* conducted surveys of the needs of the elderly and developed programs to meet those needs. Included in the activities resulting from these surveys are: Formation of a volunteer county committee to work with the council on aging and establish a self-supporting, volunteer-driven elderly transportation system; establishing ongoing volunteer county committees on aging to assist, educate, and gain citizen participation in meeting the needs of the elderly; training of area agency on aging personnel in needs assessment and program development; and conducting educational programs and developing volunteer groups to provide elderly assistance in income tax form preparation, housing and health services for the elderly, crime prevention, and foster grandparents training.

In a cooperative efforts with the State energy office, the council on aging, and community action groups, *Vermont* Extension Service is placing increased emphasis on reaching low income and elderly Vermonters with home energy education and energy audits. Seventeen energy outreach advisers, located in Extension offices throughout the State, seek to audit a total of 119 homes each week. Most low cost-no cost recommendations are carried out, so elderly Vermonters are saving considerably on energy costs.

A *North Dakota* Extension program, conducted in cooperation with farm organizations and other political education groups, focused on the development of elderly citizen awareness of legislative issues statewide among senior citizens groups. Over 80 percent of the more than 300 "silver-haired legislators" returned to discuss relevant elderly legislation with county support groups and over 60 percent informed their legislative candidates of issues of concern to the elderly. A related *North Dakota* effort involved Extension and aging services personnel in teaching senior volunteers to provide community services assistance to elderly needing assistance so that public funds could be used to serve more elderly citizens with services volunteers cannot provide.

A number of State Cooperative Extension Services are using computer assisted materials for nursing home budget anlysis developed by *Missouri* Extension and Experiment Station researchers. Similar budget analysis material on transportation system for the elderly, developed in *Oklahoma*, is also being used to assist communities in several States in developing elderly transportation system.

FOOD AND NUTRITION SERVICE

The Food and Nutrition Service (FNS) serves the elderly in two major ways. The food stamp program and commodities in lieu of food stamps for needy families serve the general low-income population and in this way provide substantial benefits to the elderly. The elderly feeding program and the new pilot projects for commodity distribution to the elderly provide more targeted services. These programs are described in more detail below. None focus specifically on rural areas, but rural areas are eligible for coverage in all cases.

(1) THE FEDERAL FOOD STAMP PROGRAM

In 1983, the food stamp program provided total benefits of $11.1 billion on the 50 States, the District of Columbia, and the Virgin Islands. Elderly residents of Puerto Rico are eligible to receive nutrition assistance provided by the Puerto Rico nutrition assistance grant. The grant totaled $85 million in 1983; however, no data are collected on the number of elderly participants.

The most current data available on elderly participation is from the "Preliminary Report of the Characteristics of Food Stamp Households: August 1981." On the basis of the 1981 figures, 2.1 million elderly received food stamps in 1983; 1.7 million households had at least one member age 60 or over; 1.2 million households were composed on single elderly persons; and elderly households received $1.04 billion in benefits in 1983.

The August 1982 "Characteristics Survey" will be available in March 1984. Elderly participation statistics can be updated at that time, if desired.

(2) COMMODITIES IN LIEU OF FOOD STAMPS FOR NEEDY FAMILIES

This program donates commodities such as dairy products, vegetables and juices, flour, rice, and shortening to eligible needy persons residing on Indian reservations and in the Trust Territories of the Pacific. Total program benefits in 1982, excluding administrative costs were about $28 million. Fiscal year 1983 obligations for commodities were $37.4 million. No data are routinely collected on the proportion of participants who are elderly.

(3) PILOT PROJECTS FOR COMMODITY DISTRIBUTION TO THE ELDERLY

Legislation enacted in 1981 authorized the institution of three pilot commodity distribution projects directed at low-income elderly persons. Benefits would be supplemental to their food stamp participation. Three pilot projects to distribute commodity foods to senior citizens in Detroit, New Orleans, and Polk County, Iowa. Recipients receive foods which may be supplemental to their food stamps, including dry milk, cheese, egg mix, cereals, juices, canned fruits and vegetables, dried beans or peas, peanut butter, and canned meat or poultry. Total 1983 obligations were $900,000, and September 1983, participation was 7,539.

(4) THE ELDERLY FEEDING PROGRAM

This program provides commodities or cash in lieu of commodities for nutrition programs for the elderly that are operated by local agencies under title III of the Older Americans Act, and by Indian tribal agencies under title VI of that act. The programs provide balanced meals for elderly persons in a congregate setting such as senior citizen centers. In fiscal year 1983, an estimated 197 million meals were served that were supported by FNS cash contributions of 54.25 cents per meal or by commodities of the same value. Total FNS program obligations in fiscal year 1983 amounted to $96 million in cash and $11 million in commodities.

OFFICE OF EQUAL OPPORTUNITY

The Office of Equal Opportunity (OEO) provides leadership, direction, and coordination for the departmental civil rights program including equal employment opportunity and nondiscrimination in federally assisted and direct assistance programs and activities. OEO also has responsibility for program compliance and enforcement monitoring to insure that agency programs and activities are administered in a nondiscriminatory manner. OEO maintains primary responsibility for leadership and coordination of activities related to implementation of all statutory requirements including policy development, complaint processing, training, and technical assistance.

STATUS OF ACTIVITIES ON AGING

Actions Taken To Implement Section 504 Nondiscrimination Requirements in Federally Conducted Programs

The Department has development draft regulations to implement the 1978 amendments to section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of handicap in federally conducted programs and activities. The USDA draft regulations have been developed in accordance with guidelines and language set out by the Department of Justice and the Equal Employment Opportunity Commission.

USDA intends to publish its regulations in final in conjunction with its comprehensive civil rights regulations which will incorporate all USDA civil rights requirements into one regulation.

The 504 regulations set out requirements for insuring nondiscrimination on the basis of handicap in USDA conducted programs and activities.

Currently, USDA draft regulations are being circulated within the Department for approval.

USDA Final Regulations To Implement the Age Discrimination Act of 1973

In September 1980, USDA published (45 F.R. 61309) draft regulations to implement the Age Discrimination Act of 1975. At the time of publication, USDA solicited comments from the public and interested groups to the proposed rule. Comments received were evaluated and considered in development of the USDA final regulations.

Subsequent to its publication as a proposed rule, USDA has finalized its draft and forwarded it to the Department of Health and Human Services (HHS) for comment. To date, HHS has not provided comment nor approval on the USDA draft.

RURAL ELECTRIFICATION ADMINISTRATION

The Rural Electrification Administration (REA) does not conduct direct programs for the elderly. However, the REA program does reach many elderly indirectly who are member/owner/subscribers of REA borrowers. REA borrowers not only provide basic electric and telephone service to the elderly but may also provide a base for many local community activities which reach the elderly. For example, many senior citizens groups, congregate feeding programs, and other aging programs often depend on a local REA borrower for help and support to their organizations.

AGRICULTURAL RESEARCH SERVICE

HUMAH NUTRITION RESEARCH CENTER ON AGING

The Agricultural Research Service (ARS) has completed a 15-story building adjacent to the health sciences campus of Tufts University to house the ARS Human Nutrition Research Center on Aging (HNRCA). This new facility, containing 200,000 square feet of floor space, was first occupied in October 1982.

The mission of the HNRCA is to examine the relationship of nutrition to the aging process throughout adult life and the determination of dietary needs of people who are already elderly. Scientists at the HNRCA are addressing three general questions of central importance to this mission: (1) How does nutrition influence the progressive loss of tissue function with aging? (2) What is the role of nutrition in the genesis of major chronic degenerative conditions associated with the aging process? and (3) What are the nutrient requirements necessary to maintanin the optimal functional well-being of older people? HNRCA research projects are classified into major progam areas including nutritional epidemiology, functional systems, nutrient requirements, nutrient metabolism, and drug-nutrient interactions. While some projects in these programs were initated almost 3 years ago, most have been started only recently. Two examples of research findings are given:

Folic acid is poorly absorbed in some elderly.—In 30 percent of people over age 60, a condition known as "gastric atrophy" occurs, which reduces the stomach's ability to produce acid. It has been found that the ability of the intestine to absorb the vitamin, folic acid, is markedly reduced (20 to 40 percent) in elderly people with gastric atrophy. Absorption of folic acid can be restored to normal (60 to 70 percent) if the person ingests diluted acid along with the vitamin. This work suggested that a high proportion of elderly may have an impaired ability to absorb folic acid. This information could lead to increased recommended dietary allowances for folic acid for some groups of old people.

Regulation of iron-storage protein with aging.—As adults get older, they accumulate more iron in their bodies. The iron-storage protein, ferritin, is very important in regulating iron utilization in cells. As part of a study on how the amount of this storage protein is regulated in relation to aging, the ferritin messenger RNA of the rat has been cloned and its amino acid sequence and the corresponding sequence of the ferritin protein has been determined. This allows one to identify the mechanisms controlling expression of the ferritin gene in relation to iron load and the aging process. Iron administration has been shown to favor synthesis of one of the subunits of the ferritin shell which appears to carry the oxidation site necessary for iron storage.

FAMILY ECONOMICS RESEARCH

The family economics research group of ARS conducts research to develop new knowledge on the levels of living attained by families and on the effects of various household management practices on maintaining or improving economic well-being. Knowledge of the time and money resources available to families (including the older population) and the decisions families make in using these resources to provide goods and services for their members makes possible the development of research materials that can be used to help families become more self-sufficient and to enhance their ability to cope with economic and other stress. These materials are developed primarily for use by Extension home economics programs in family resource management. Work in the area of aging has included the following:

(1) An articles on the equity older persons have in their homes was prepared for submission to the Journal of Home Economics. It reviews the costs and benefits of several plans for converting home equity to retiremnt income.

(2) An article reporting trend information on adult children and the support of the elderly is being prepared for Family Economics Review. The article covers major

forms of help to elderly parents as well as demographic and social trends that limit the ability of families to contribute personal resources toward such assistance.

COOPERATIVE STATE RESEARCH SERVICE

The Cooperative State Research Service (CSRS) administers Federal grant funds for research in the food and agricultural sciences, including social, economic aspects of the sciences in the broadest sense. Funds are made available to the State agricultural experiment stations, the 1890 land-grant universities, other designated State institutions in the 50 States, Puerto Rico, Guam, the Virgin Islands, the District of Columbia, Micronesia, and American Samoa. CSRS also administers a specific grant program for research on special problems in agriculture.

In a CSRS regional research project, scientists from two or more States work cooperatively to increase the efforts devoted to a problem. A number of regional research projects have been and are being focused on problems of the elderly. Scientists have studied the nutritional status of the elderly and factors related to it, such as lifestyle, cultural group membership, physiological and psychological changes of aging, and participation in Federal food and nutrition programs.

In order to improve the quality and kinds of community services for the elderly, regional research projects have been directed toward evaluation of the current services. National and local programs and their availability to different groups of elderly, such as rural and urban, have been examined. Programs for care of the elderly in nursing homes and their own homes, quality of life of the elderly, formal and informal support networks, and the accessibility of needed services have been the focus of research projects. The lack of adequate transportation, and inadequate income, and inadequate housing are major problems of the rural elderly, according to the researchers.

Scientists in various States have also conducted research about the elderly and their needs. Food choices and habits, clothing designs for individuals with impaired physical abilities, and the thermal qualities of textiles have been studied. Individual researchers have conducted studies about housing design and problems of the elderly, consumer problems, and the roles the elderly occupy in their families and communities.

The results of these research projects have been presented to individuals and agencies who work with the elderly. The research conducted has provided information to individuals and agencies to utilize in improving the lives of elderly citizens.

ITEM 2. DEPARTMENT OF COMMERCE

JANUARY 12, 1984.

DEAR MR. CHAIRMAN: Thank you for your letter regarding Department of Commerce (DOC) programs pertaining to older Americans.

Enclosed is our report for 1983. The DOC does not administer any departmentwide activities regarding older citizens. However, our report details five agencies' programs which benefit the older population and which should be included in "Developments in Aging, Part II." Since many of these programs are included in the general activities of the agencies, expenditures devoted specifically to aging-related issues are not always available.

Sincerely,

MALCOLM BALDRIGE, *Secretary.*

Enclosure.

1983 REPORT ON AGING

BUREAU OF THE CENSUS

Current Population Reports

Series P-20:	*No.*
Geographical Mobility: March 1980 to March 1981	377
Fertility of American Women: June 1981	378
Marital Status and Living Arrangements: March 1982	380
Households and Family Characteristics: March 1982	381
Households, Families, Marital Status, and Living Arrangements: March 1983 (advance)	382
Voting and Registration in the Elections of November 1982	383
Series P-23:	
Selected Characteristics of Persons in Social Science and Psychology	125

Estimating After-Tax Money Income Distributions Using Data from the March Current Population Survey	126
Labor Force Status and Other Characteristics of Persons With a Work Disability: 1982	127
America in Transition: An Aging Society	128
Series P-25:	
Projections of the Population of the United States: 1982 to 2050 (Advance)	922
Estimates of the Population of the United States, by Age, Sex, and Race: 1980 to 1982	929
Estimates of the Population of States by Age: July 1, 1981 and 1982	930
Provisional Projections of the Population of States by Age and Sex: 1980 to 2000	937
Series P-60:	
Characteristics of Households and Persons Receiving Selected Noncash Benefits: 1981	136
Money Income of Households, Families, and Persons in the United States: 1981	137
Characteristics of the Population Below the Povery Level: 1981	138
Lifetime Earnings Estimates for Men and Women in the United States: 1979	139
Money Income and Poverty Status of Families and Persons in the United States: 1982 (Advance)	140
Characteristics of Households Receiving Selected Noncash Benefits: 1982 (Advance)	141

Other Reports, Papers, and Continuing Work

Preparation of a report on "The Demographic and Socioeconomic Aspects of Aging in the United States," based on the most recent available data, for publication in series P-23.

Continuing work on estimates of coverage of the older population in the 1980 census and completeness of enrollment in medicare; comparison of mortality of elderly as measured by medicare and the National Center for Health Statistics.

Continuing work on evaluation of centenarians in the 1980 census.

The World Health Organization published a background document on the "Demographic Factors Affecting the Health of the Elderly in the Year 2000 and Beyond" for U.N. World Assembly on Aging held in 1982.

The Census Bureau is continuing its research on methods of projecting mortality in the United States.

NATIONAL TECHNICAL INFORMATION SERVICE

National Technical Information Service (NTIS) is the central source for the public sale of U.S. Government-sponsored research, development, and engineering reports, including the social sciences, and specifically reports on aging and the elderly. These reports cover many issues of concern involving the elderly, such as social, health, and transportation problems and services.

During the 1982-83 interagency agreement period, NTIS accepted approximately 3,000 Administration on Aging (AoA) reports into its inventory. All of these reports are available to the public in both paper copy and microfiche form. Approximately 1,000 additional reports will be incorporated into the collection for dissemination during fiscal year 1984. After the fiscal year 1984 work is complete, a title index of the total 4,000 documents will be prepared and made publicly available for greater access to the whole collection.

This agreement between AoA and NTIS also covers the microfilming and distribution of all materials to selected depositories throughout the United States.

Funding for continuation of this portion of the AoA program will probably not extend beyond fiscal year 1984, according to AoA.

PATENT AND TRADEMARK OFFICE

The Patent and Trademark Office maintains a program which permits a patent applicant who is 65 years of age or older to have the examination of their patent application accelerated. The patent application can be given this special handling upon a showing, as by a birth certificate or the applicant's affidavit or declaration, that the applicant is 65 or older.

Normally, new applications are examined by the Patent and Trademark Office in the order of their effective U.S. filing dates. In the case of accelerated examination, the application is examined as soon as the request for acceleration is granted.

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

The National Weather Service of the National Oceanic and Atmospheric Administration (NOAA) issues daily weather forecasts and provides warning services for all citizens. This public service is useful to all citizens and is very important to the elderly. The forecasts of servere storms, extreme heat or cold, floods, tornadoes, hurricanes, and air pollution indices provide advance information which helps older citizens plan and take appropriate action to avoid predicted weather that could have hazardous results.

The National Environmental Satellite, Data, and Information Service (NESDIS) provides many informational products and services that have particular application for the elderly.

Health

Many illnesses and causes of death among the elderly, such as emphysema, chronic obstructive lung diseases, and heart stroke, are climate related. NESDIS provides climatic data, bibliographic information, and general consultation services to the Center for Disease Control researchers and other physicians or foundations.

Weather Stress

NESDIS also produces a weather stress index (WSI). The index incorporates temperature, humidity, and windspeed to indicate weather-related stress on human activities. Days and regions with severe or extreme weather stress can be identified nationwide and the impact on human health assessed.

Relocation

An elderly person's relocation sometimes is planned for health purposes. Information about the type of weather likely to be encountered in the new area can be useful in the decisionmaking process. One way of obtaining information about the climate of an area is to obtain publications or other material prepared by NESDIS, which contain summaries of weather elements over a period of years. This information is available in a variety of forms of both individual stations and groups of stations within the United States and worldwide.

Energy Costs

Energy consumption estimates are included in the periodic NESDIS publication, "U.S. Climate Impact Assessment." This information is useful for early Government identification of regions in the United States that would require additional support to counter abnormal energy costs due to whether extremes. Also, the information could be useful to the elderly population to plan their utility bills for heating during the winter and cooling during the summer.

Recreation

NESDIS, in partnership with Sea Grant, prepares recreation brochures and a water temperature guide that are popular with senior citizens. The brochures now are available for coastal Delaware, Lake Erie, southern New Jersey, Lake Ontario, coastal Mississippi, coastal North Carolina, Puerto Rico, Rhode Island, and San Francisco Bay. The water temperature guide is for Atlantic beaches. These products can be valuable planning tools for those who are retired on a fixed income and can take advantage of out-of-season rates.

NATIONAL BUREAU OF STANDARDS

Dental Materials

NBS research in dental materials has been directed toward developing composite materials with greater duability and wear resistance and toward improving base metal alloy alternatives to the costly gold prothesis. Efforts to explore the potential of titanium as an alternative have led to the successful production of titanium casting. Efforts are directed, in part, toward upgrading the quality of composite restorative materials with regard to durability, adhesiveness, storage stability, and color.

This technique differentiates between the effects of wear observed in clinical samples and those produced under laboratory accelerated test conditions. Research has demonstrated the critical role of composite restorations to minimize softening of the resin matrix by food debris and select oral fluids. In addition, work is continuing on the development of new alloys and ceramics, the fusion of ceramics to base metals, and on the deterioration of dental amalgams. NBS staff also made significant contributions as members of American Dental Association committees that develop voluntary standards for dental materials.

Synthetic Implants

Bureau scientists are conducting research on the properties and performance of a number of alloys for use in metallic surgical implants. Special emphasis is being placed on how the performance of cobalt-chromium-molybdenum alloys and titanium alloys is affected by processing variables, and also the application of porous metal coatings. Porous metal coatings are applied to implants for improved prosthesis fixation. Further, test methods are being investigated for characterizing the porosity of polymeric implant materials. The wear and fracture resistance of polyethylene hip implants is being measured under a variety of static and fatigue loading conditions. The relationship between the mechanical properties of the implant material and the processing methods used to fabricate the implant device will be determined. Investigations into potential methods for improving the bone cement used for fixation of orthopedic implants has proceeded. Attention has been primarily focused on interface properties and reduction of the tissue damaging exothermic temperature rise on curing. In addition, NBS staff made significant contributions to a number of voluntary standards groups during fiscal year 1983, especially the American Society for Testing and Materials F-4 Committee on Medical and Surgical Materials Devices. NBS cochaired an ASTM Symposium on Corrosion and Degradation of Implants in May 1983, prepared a Standard Reference Material for use in corrosion testing of implant metals. NBS was a sponsoring agency for a conference on the Medical Device Data Base, October 1983.

Fire Research and Safety

NBS has developed a fire safety evaluation system (FSES) for community-based residential care facilities. The FSES is used to determine whether a facility has the level of fire safety protection prescribed by a code such as the National Fire Protection Association's Life Safety Code. When retrofit of an existing building is required, the system permits more flexibility than a prescriptive code in selecting the fire protection features to be used in obtaining the needed level of fire safety. This flexibility frequently results in significant cost savings without sacrificing safety when upgrading existing buildings and designing new buildings or major renovations.

The community-based residential care facilities serve the aged and other special groups that do not need the degree of care or restraint and high costs of formal institutions. Some of these facilities have recently been involved in disastrous and tragic fires. The evaluation system covers a wide range of building sizes, residential needs, and levels of care. NBS has submitted a proposal to the National Fire Protection Association (NFPA) to include a new classification of occupancy specifically recognizing these residences in the Life Safety Code. The submission contains recommended fire safety requirements for his occupancy along with the evaluation system. The NFPA is moving quickly in its consideration of the system, and it may be included in the 1984 edition of the code.

The Center for Fire Research is also developing models that will permit accurate estimates of the time available for escape or rescue before hazardous conditions, particularly smoke and toxic gases, are reached in a fire. The models will provide designers and builders, code officials, and building owners with better information on which to base design of exits, use of materials, use of smoke and fire barriers, etc. This information is particularly important in facilities that serve the aged and other special groups that require significant time in a fire situation before they can escape or be rescued.

Expenditures during fiscal year 1983:

Fire research and safety	$380,000
Dental materials	$660,000
Synthetic implants	$300,000

ITEM 3. DEPARTMENT OF DEFENSE

January 4, 1984.

Dear Mr. Chairman: Your letter of November 1, 1983, asked for a report from the Department of Defense chronicling activities on behalf of older Americans.

It is hoped that the attached report will be of value in this important program area of concern to us all. Should further information be desired a point of contact on this staff is Larry Kirsch on 697-5421.

Sincerely,

Karen Cleary Alderman,
Acting Deputy Assistant Secretary of Defense
(Civilian Personnel Policy and Requirements).

Enclosure.

1983 Report: Developments in Aging

This Department continues to operate a comprehensive retirement planning program for Defense Federal service employees. Intergrated into the overall personnel management process, our program is designed primarily to assist employees in their adjustment to retirement and to assist management in planning for replacement of work force needs. It encompasses extensive preretirement counseling for employees (and their spouses in many instances) on such subjects as financial planning, health needs, leisure time activities, living arrangements, and personal guidance. Recent training emphasis has been given on medicare and social security issues. The program also includes trial retirement and gradual retirement options for employees where feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age. We expect to continue operation of this program in 1984.

The military departments and the Defense agencies, in cooperation with community health officials, continue to provide a number of occupational health programs and services to employees, and in some cases, to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorder, immunizations, and treatments. Important research is now under way at the Uniformed Service University of the Health Sciences toward a therapeutic approach hopefully resulting in a more health and productive life for aging Americans. Attachment 1 of this report details this research effort.

During 1983, the Office of the Secretary of Defense and the Department of the Navy have been working with the Northern Virginia Branch of the Washington Urban League, Inc., Alexandria, Va., in the seniors in community service program. This program focuses its attention on senior citizens (55 years and over), who wish to enter or reenter the labor force on a part-time basis. Program participants will thus have the opportunity to enhance job skills and develop new abilities while, at the same time, affording much-needed community service. To date, a number of requests have been made of the Urban League to match seniors with helper, assistant, and clerical duties.

The Department of the Army Headquarters recently has completed a pilot corporate fitness program for military and civilian personnel which included a physical conditioning component. The primary objective of the 12-week session was to assist each participant in developing, beginning, and maintaining a safe and beneficial physical conditioning program that he or she would be able to integrate into everyday life as an effective method for stress reduction and coronary risk modification. The goal of this program is to assist personnel in leading longer, more productive lives.

Within the Department of Defense, we continue to eliminate discrimination based upon age. We are examining personnel policies, practices, and procedures for possible conflict with equal employment opportunity intent, including discriminatory use of age.

In summary, this Department has operated a comprehensive retirement planning program for civilians, provided extensive health care services to employees, and carried out a positive program to preclude discrimination based on age. These program efforts will be continued in 1984.

Attachment.

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES,
SCHOOL OF MEDICINE,
Bethesda, Md., December 14, 1983.

KAREN CLEARY ALDERMAN,
Acting Deputy Assistant Secretary of Defense, Office of the Assistant Secretary of Defense, Washington, D.C.

DEAR MS. ALDERMAN: The long-term goal of our research program on aging is to define basic endocrine/biochemical processes that result in physiologic deficits and ultimately result in a decline of function and survivorship. With this information, a therapeutic approach may be designed that can result in a more healthy and productive life for the elderly.

Of particular importance is the growing recognition by the biomedical community that free-radical mediated events form the etiologic basis of a broad spectrum of diverse disease processes, including the synthesis of gerontologic changes that characterize the aging process.

Our present emphasis (see enclosed abstract) describes our finding that some thyroid hormone analogs are extremely effective as bioantioxidants (free-radical scavengers). This finding has led to the chemical synthesis of a new class of antioxidant compounds that show high promise for therapeutic intervention into processes like aging that have components that are free-radical mediated.

Our emphasis in 1984 will be the full pharmacologic characterization of the compounds we have developed. Treatment of our aging mouse colony with the more promising analogs, along with a careful assessment of survivorship and a panel of biochemical and physiologic indices, can eventually form an experimental rationale for the use of these compounds in the treatment of specific human medical problems that accompany the aging process.

Sincerely,

KEITH R. LATHAM, Ph.D.,
Associate Professor of Medicine.

Iodothyronines: Oxidative Deiodination and Inhibition of Free-Radical Mediated Lipid Peroxidation. Keith R. Latham and Y. L. Tseng, Department of Medicine, Uniformed Services University of the Health Sciences, Bethesda, Md.[1]

During the course of studies of the reductive bovine-liver deiodinases in which detergent-solubilized membrane-proteins were fractionated by column chromatography (1), we consistently observed a deiodinase activity that coeluted with contaminating hemoglobin. In contrast to the reductive deiodinases, this activity did not produce $3,3'T_2$ from reverse T_3; iodide and protein-bound hormone were the major metabolic products. In addition, the hemoglobin associate activity was stimulated by the addition of soybean phospholipid preparations that contain high levels of unsaturated fatty acids. By a number of measures, we established the identity of this activity with hemoglobin itself and also demonstrated that the mechanism of deiodination was oxidative rather than reductive.

Hemoglobin has been previously shown to contain peroxidase activity in the oxidation of epinephrine to adrenochrome (2). In addition, hemoglobin has been shown to catalyze the oxidation of unsaturated fatty acids to form unstable free-radicals as intermediates. However, a curious result was obtained when iodothyronines and unsaturated fatty acids were combined with hemoglobin; fatty acid oxidation was protected by the presence of iodothy-ronines in the solution. This protection was apparently at the expense of iodothyronine oxidative deiodination. In this context, the iodothyronine was acting like a classical free-radical scavenger. To pursue this observation further, we compared a number of thyroid hormone analogs and selectd antioxidants and known free-radical scavengers, for their ability to protect unsaturated fatty acids from oxidation.

Antioxidant	Concentration of antioxidant (molarity $\times 10^{-7}$)	Percent inhibition of linoleic acid peroxidation
0		
RT_3	1.3	20.3± 3.4

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[1] The material in this abstract was presented in the context of the basic biochemical mechanisms involved in aging and a number of specific disease processes at the thyroid Foundation Annual Workshop on the "Mechanisms of Thyroid Hormone Action", Oct. 15-16, 1983, Tucson, Ariz. This work has been accepted for publication in the February 1984 issue of Lipids.

Antioxidant	Concentration of antioxidant (molarity $\times 10^{-7}$)	Percent inhibition of linoleic acid peroxidation
	2.6	48.9 ± 1.8
T_4	1.3	15.7 ± 2.7
	2.6	41.0 ± 2.4
T_3	2.6	28.2 ± 1.7
3,5-T_2	2.6	39.1 ± 2.8
3,3′-T_2	2.6	25.0 ± 1.7
T_0	2.6	27.6 ± 0.7
-tocopherol	13.0	6.8 ± 2.8
	26.0	17.1 ± 3.4
Glutathione	13.0	....
	25.0	42.1 ± 2.2
Ascorbic acid	6.5	31.1 ± 5.1
	13.0	58.1 ± 1.6
DTT	13.0	49.1 ± 3.6

It was observed that thyronines were more than 20 times as active as vitamin E (α-tocopherol) in blocking free-radical mediated reactions. As a result of these studies, we developed a model for oxidative thyroid hormone deiodination to explain the observed protection of linoleic acid from oxidation. In this model, the oxidation probably results in the 3′ or 5′ hydroxylation of the thyronine β-ring, forming the ortho-hydroxy derivative. Free iodide would be generated by the hydroxylation of a position that is iodinated. Protein conjugation probably occurs as a result of the subsequent oxidation of the ortho-hydroxy groups to chemically reactive quinones. However, deiodination is not obligatory to the formation of stable protein conjugates, since T_3 and 3,3′-T_2 have only one outer ring radiolabeled iodine and these analogs also form labeled protein adducts in our assay. Inactivation of the quinones by other mechanisms can probably occur as an alternative to protein conjugation. Consistent with this model is the report of Plaskett (3) that the incubation of T_4 with liver extract resulted in the formation of inorganic iodide and a partially deiodinated metabolite that was protein associated. In addition, Oppenheimer et al. demonstrated a covalent linkage of radiolabeled thyronines to serum binding proteins (4). Also, production of DIT by either cleavage following thyronine oxidation has been previously proposed as a pathway in the oxidation of thyronine by polyphenol oxidase. Since a major physiologic function of antioxidant compounds, like vitamin E, is to protect unsaturated membrane lipids from oxidation, we measured the ability of RT_3 to preserve red cell membrane integrity in vitro. We found that the addition of 0.1μM RT_3 in incubations containing erythrocytes and purified hemoglobin significantly decreased erythrocyte lysis in the presence of H_2O_2.

As a result of these studies, we questioned whether thyroid hormones could be playing an important physiologic role as antioxidants. We observed that 0.13 mM T_4 is effective in inhibiting the oxidation of linoleic acid. This dose corresponds closely to the normal serum levels of T_4 in adult humans. The normal serum concentration of T_3 (about 2 nM), the most active hormone thermogenically, is not high enough to be effective as an antioxidant, by our measures. Thus, the high levels of serum thyroxine (relative to T_3) produced by the thyroid gland may be acting both as a peripheral antioxidant as well as a prohormone source of T_3. If iodothyronines in fact play a role as physiologic antioxidants, it would be predicted that the hypothyroid state could result in oxidative damage to some cellular components, possibly membrane lipids. In fact, Hoch et al. did observe an increased rate of degradation of linoleic acid in hypothyroid animals (5). In addition, an overall increase in the size of red blood cells and alterations in their morphology have been observed in blood smears from hypothyroid patients, suggesting an altered membrane structure.

An important instance of the antioxidant action of thyroid hormones may be evidenced in the mammalian fetus. During the prenatal period, RT_3 concentration is high in cord serum (315 ng/dl) and amniotic fluid (82 ng/dl) compared to normal adult serum (76 ng/dl) (6). Although RT_3 has no previously identified physiologic function, it has been proposed that in the adult, inner ring deiodination, to form RT_3, may be a metabolic pathway for thyroxine inactivation and iodine recovery. Since the present studies have demonstrated that RT_3 is an effective inhibitor of linoleic acid peroxidation, and is also effective in preserving red cell membranes, we postulate that the high levels of RT_3 found in the developing fetus may play an important antioxidant role during critical stages of fetal development. Consistent with this view is the observation that serum RT_3 concentrations remain high during the first few days after delivery in humans but are significantly lower by the fifth day and reach adult levels by the seventh day (7). Vitamin E levels reach normal adult levels by the sixth postnatal day in breast fed babies (8).

It is commonly accepted that T_3 can act through a pathway that is mediated by nuclear receptors to modulate the expression of specific genes. We believe that the present data demonstrates the possibility of an important alternative role for thyroid hormones as physiologic antioxidants. In light of this potential new role for thyroid hormones, we have synthesized a number of thyroid hormone analogs that are devoid of thermogenic activity, have longer half lives than RT_3, and have high activity as free-radical scavengers. We are presently investigating the therapeutic potential of these new compounds in the aging processes where free-radical medicated events appear to form an entiologic basis for the general decline in physiologic function observed in the elderly (9).

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This research was supported by a grant from the Uniformed Services University (CO8309). During 1983 about $7,000 was utilized.

ITEM 4. DEPARTMENT OF EDUCATION

DECEMBER 20, 1983.

DEAR MR. CHAIRMAN: Thank you for your letter requesting our portion of the annual report to be included in "Developments in Aging."

The amended portions that pertain to the Department of Education are enclosed as requested.

Sincerely,

T. H. BELL, *Secretary.*

Enclosure.

ADULT EDUCATION

The U.S. Department of Education is authorized under the Adult Education Act, Public Law 91-230, as amended to provide funds to the States and outlying areas for educational programs and support services benefiting all segments of the eligible adult population. It is the purpose of the act to encourage the establishment of programs of adult education that will enable adults 16 years of age and older.

(1) To acquire basic skills needed to function in society; and

(2) To assist them in continuing their education until completion of secondary level, if they so desire.

Those adults who have completed the secondary level but are functioning at a level below are eligible to participate in the program. Students seeking employability skills are also given the means to secure training which will help them to become more employable, productive, and responsible citizens. Federal funds support up to 90 percent of each State's program and up to 100 percent of the program in outlying areas. At least 10 percent of each State's allotment must be used for special experimental demonstration projects and teacher training. In addition to the State-administered program, the act authorizes educational programs for adult immigrants, which are currently unfunded. Two other provisions of the act, planning grants to States and a national development and dissemination program, were included in the 1978 amendments to the act. At present, these authorities are also unfunded.

In order to discuss the specifics of the efforts aimed at older adults, one must first be aware of the demographic changes which have a profound impact upon the efforts. According to the 1970 census, the median age of the population in that year was 27.9 years. By 1990, the median age is expected to rise to 32.8 years. This "graying" of the U.S. population will inevitably continue for several decades after 1990.

The education of older persons has rarely ranked high as an educational priority in the United States, but the 1970's may well be considered the decade of growth in educational geronotology. Demographics have tended to make this development inevitable. Furthermore, nearly half of the 15.6 million adults 70 years old and over, and about 36 percent of the 8.6 million adults aged 65 to 69, have had 8 years of schooling or less (1980 census data). Such a high incidence of under-education indicates the need for emphasizing effective basic and coping skills in programs for older adults.

The adult education program which is led by OVAE at the national level is charged with addressing these needs. The number of participants nationally in the program indicates the extent to which this program reaches those with the needs. In 1980, the total number of participants in the program was 2,057,982. Of these, 266,907 were between 45 and 64 years of age and 130,757 were 65 years and older. In 1981, the total number of participants had increased to 2,278,526. The number of participants in the 45 to 59 year range was 28,995 and that of the group 60 and older was 144,894. Therefore, the number of participants aged 45 or older increased 7 percent between 1980 and 1981. There is, then, clearly a demonstrated need for the program.

The adult education program addresses the needs of the group by emphasizing functional competency rather than grade level objectives. Special projects improve services for older persons through individualized instruction, use of media, home-based instruction, and through curricula focused on coping with daily problems maintaining health, managing money, using community resources, understanding government and participating in civic activities.

Equally significant is the expanding delivery system, including radio, television, and courses by newspaper, as well as clearinghouses and satellite centers designed to overcome barriers to participation. Where needed, supportive services such as transportation and lunch are provided as well as outreach activities adapting to the life situations and experiences of older persons. Self-learning preferences are recognized and assisted by providing information guidance and study materials. To reach more older persons, adult education programs go into senior centers, nutrition programs, nursing homes, retirement centers and day centers.

Another tool OVAE has developed to help carry out this program is a memorandum of understanding with the Administration on Aging at the U.S. Department of Health and Human Services. The intention of this memorandum of understanding is to foster closer coordination between the network of organizations providing services to the Nation's older people, and educational organizations and institutions responsible for providing adult education opportunities. To achieve this goal, several objectives have been identified: (1) To increase awareness of the need to expand educational opportunities for older people; (2) to disseminate information about existing model efforts underway in order to encourage their replication; (3) to identify opportunities for establishing or strengthening links between these two systems; (4) to encourage the expansion of educational opportunities which will strengthen the capacity of older people to maintain their independence; and (5) to pursue special activities to provide home-based educational opportunities using appropriate technological approaches. A compiliation of the model efforts was sent to the State education and aging agencies in December 1983.

Under this agreement, State agencies on aging and State educational agencies receive information developed jointly by OVAE and the Administration on Aging. As efforts are made at the national level to collaborate in this major effort, it is important that similar efforts be made at both the State and local levels. Fifteen States have set up such efforts at the State level. Organizations involved will represent a variety of public and private educational organizations and institutions and organizations serving older people.

In conclusion, the national adult education program for older Americans will continue to seek to meet the learning needs of a growing number of older Americans. Increased cooperation among the organizations, institutions, and community groups involved in this area at national, State, and local levels should lead to increased sharing of resources and improved services.

BILINGUAL VOCATIONAL TRAINING

Support for bilingual vocational training was first authorized under the Education Amendments of 1974 which added part J to the Vocational Education Act of 1963. The Commissioner was authorized to support projects which would provide bilingual vocational training to persons of any age who were both individuals of limited-English speaking ability (LESA) and also either unemployed or underemployed. Because of their language handicap, these individuals were unable to benefit from English-language vocational training.

The Education Amendments of 1976 expanded the authority to include not only bilingual vocational training but also bilingual vocational instructor training and the development of bilingual vocational instructional materials, methods and techniques. The appropriation is distributed among the three programs: 65 percent is allocated to bilingual vocational training projects, 25 percent for bilingual vocational instructor training projects and 10 percent is used for the development of materials. In fiscal year 1983, the appropriation avilable is $3,686,000.

The purpose of the program is to provide bilingual vocational training and job-specific English language instruction to out-of-school youth and adults of limited English-speaking ability.

Funds available to the Secretary of Education will be used to fund approximately five new projects in bilingual vocational training and three projects in bilingual vocational instructor training. Training allowances for participants in bilingual vocational training programs are subject to the same conditions and limitations as set forth in section III of the Comprehensive Employment and Training Act of 1973. (29 CFR 95.34) This amounts to approximately the minimum hourly wage times the number of hours in class that a participant attends.

PROGRAM OPERATIONS

Under this authority, the Secretary makes grants with eligible agencies, institutions, and organizations in providing job training in recognized and in new/emerging occupations. Instruction in job-specific English language is included to insure that participants may find employment in environments where English is the language normally used. Eligible public or private institutions or other eligible agencies may also receive grants to train instructors of bilingual vocational training (BVT). This training prepares persons to participate in bilingual vocational training or vocational education programs as instructors, aides, or other ancillary personnel, such as job counselors or job placement specialists.

PROGRAM SCOPE

Thirteen bilingual vocational training programs in seven States are training 1,190 persons for employment in occupations during fiscal year 1983. Occupations include: hospitality and food services, housing maintenance and repair, chefs, data entry operators, air-conditioning and heating technicians, auto mechanics and electricians.

The essential aspect of a bilingual vocational training program is that the training must be conducted both in English and the dominant language of the trainees. Participants must acquire sufficient competence to enable them to perform satisfactorily in a work environment where English is used.

Six bilingual vocational instructor training programs have been funded to provide preservice and inservice training for about 183 teachers and staff.

OLDER AMERICANS

These programs serve limited English-speaking adults who are underemployed and need upgrading of their skills in order to advance. Other participants are unemployed and need training in new skills. Older Americans are encouraged to apply to programs such as: Chinatown Manpower Project, Inc. (New York City) for training in the fundamental principles of accounting or to Houston Community College for training to repair air-conditioning units.

PROGRAM EFFECTIVENESS AND PROGRESS

The bilingual vocational training program reduces unemployment rates, increases job earnings and increases the rate of labor force participation of limited-English speaking adults. Studies continue to show that these programs have an 85 to 100 percent job placement rate with repayment of training costs within a 1- to- 3-year period through Federal and State taxes on income earned.

REHABILITATION SERVICES ADMINISTRATION

PROGRAM OPERATIONS

Basic Vocational Rehabilitation Program

The Rehabilitation Act of 1973, as amended, authorizes the allocation of Federal funds on formula basis with a 20 percent State fund matching requirement (80 percent Federal/20 percent State) for the administration of a program of wide-ranging services to assist disabled individuals to prepare for and engage in gainful occupations. The agency follows the intent of statute to provide services to individuals with the most severe handicaps. The Federal share was $857,629,925 for fiscal year 1982.

Caseload Activity in State VR Agencies

A summary of caseload activities in VR agencies for fiscal year 1982 is characterized by the following:

(1). A decline in the total number of persons applying for services from, and becoming clients of, State VR agencies.

(2) A decrease in the number of persons rehabilitated; and

(3) An increase in the proportion of severely disabled persons among the total caseload, with a concurrent decrease in their absolute numbers.

Services to the Blind and Visually Impaired

Continued emphasis is placed on the rehabilitation of the blind and visually impaired population. This combined continuing effort of the Rehabilitation Services Administration and the State vocational rehabilitation agencies in concentrating rehabilitation efforts on the blind and visually impaired population has resulted in 7,942 blind and 12,253 visually impaired individuals successfully rehabilitated during fiscal year 1982.

Greater emphasis was placed on the utilization of today's technology to allow blind and visually impaired individuals access to new areas of competitive employment. Emphasis to specialized training programs utilizing the latest development in electronic devices and the computer programing field is also preparing the blind and visually impaired population for employment in vocational areas heretofore denied to this disability group. Strong efforts have also been made to develop and expand job opportunities for blind and visually impaired individuals in both traditional and innovative areas including: Tax service specialists, service representatives and claims representatives for the Social Security Administration, and vocational specialists for the placement of other blind and visually impaired people.

There are 26 separate State vocational rehabilitation agencies set up to serve only the blind and visually impaired population. This allows for specialized caseloads made up entirely of blind and visually impaired clients and the provision of more extensive inservice training to rehabilitation counselors serving this disability group.

Helen Keller National Center for Deaf-Blind Youths and Adults

The Helen Keller National Center for Deaf-Blind Youths and Adults demonstrates methods of providing specialized services needed to rehabilitate individuals who are both deaf and blind; train professional and other personnel to work with deaf-blind people; conduct relevant research; and carry out programs to expand and improve services, including public education programs on the needs of deaf-blind persons.

During fiscal year 1983, the Helen Keller National Center served 777 deaf-blind persons. In addition, the center successfully managed to expand the service delivery system resulting in trainees being placed in professional, technical, and sheltered employment.

The center's affiliation network system has tied together some 20 agencies serving deaf-blind persons throughout the country. This enables local service agencies to benefit from state-of the-art rehabilitation methods and provide professional services to this population within their local communities. Moreover, there are now 10 regional representatives increasing the outreach of the center. These regional representatives provide consultation, technical assistance, and direct services and are active in preparing employment opportunities for deaf-blind persons.

Special Projects for Severely Disabled Individuals

In fiscal year 1981, eight new projects were initiated in the following areas of severe disability: Rheumatoid arthritis, learning disability cerebral palsy, multiple sclerosis, deaf-blind, mental retardation, and mental illness. In addition, three new spinal cord injury system projects were funded.

Handicapped Migratory and Seasonal Farmworkers

The Rehabilitation Services Administration coordinates services for handicapped migratory and seasonal farmworkers with the Department of Labor, the Public Health Service, and the Office of Education. During fiscal year 1982, there were nine active projects in six regions. The majority of persons served were of Hispanic background. In fiscal year 1981, nearly 300 migratory and seasonal farmworkers were served. A computer data system was also used, which provides immediate data regarding eligibility and past services, wherever the migrant applies.

Randolph-Sheppard Vending Facility Program

The purpose of the Randolph-Sheppard Act, as amended, is to provide a priority to qualified blind persons to operate vending facilities on Federal and other property. The Randolph-Sheppard program offers one of the major opportunities for managerial positions for people who are blind.

More than 400 blind persons enter this program each year. Historically their earnings have increased yearly. Fiscal year 1982 data indicates that total gross income from this program was $269,862,830, with the average yearly earnings of vendors at $16,007 compared to $15,061 in fiscal year 1981.

SSDI and SSI Vocational Rehabilitation Programs

Sections 222 and 1615 of the Social Security Act provide for the payment from special Federal funds of costs of vocational rehabilitation services to disability and supplemental security income beneficiaries.

The expenditures decreased for these programs as follows:

	Fiscal year—	
	1980	1981
SSDI	$113,268,000	$87,050,000
SSI	$55,000,000	$37,000,000

The Omnibus Reconciliation Budget Act of 1981 (Public Law 97-35) contained provisions which affect the rehabilitation of SSDA and SSI beneficiaries. Effective October 1, 1981, the provisions eliminate reimbursement from trust funds to VR agencies for rehabilitation services except in cases where the services have resulted in the beneficiary performing substantial gainful activity (SGA) for a continuous period of 9 months. A precise definition of SGA has not been determined by the SSA.

Rehabilitation Facilities

Rehabilitation facilities provide the means for evaluation, treatment, and training of many handicapped individuals who otherwise would not be rehabilitated. In fiscal year 1979, the most recent year for which data are available, State vocational rehabilitation agencies spent 33.9 percent of their funds for services to persons in these facilities. Since 1967, the utilization rates have made a dramatic increase from serving only 65,000 clients at that time, to serving 185,000 clients in 1979.

PROGRAM DEVELOPMENT ACTIVITIES

The focus of these activities is on the strengthening and improvement of service delivery in order to foster greater chances of vocational rehabilitation and independence of the handicapped person. The total appropriation for program development activities in fiscal year 1981 was $66,465,000.

Special Projects for Severely Disabled Individuals

In fiscal year 1983, 37 new projects were initiated in the following areas of severe disability: Rheumatoid arthritis, learning disability cerebral palsy, multiple sclerosis, deaf-blind, mental retardation, and mental illness. These projects included the utilization of technological advances, home-based employment, and placement in private industry.

Handicapped Migratory and Seasonal Farmworkers

The Rehabilitation Services Administration coordinates services for handicapped migratory and seasonal farmworkers with the Department of Labor, the Public Health Service, and the Office of Education. During fiscal year 1982, there were 13 active projects in six regions. The majority of persons served were of Hispanic background with the exception of the Florida project which served mainly black seasonal farmworkers. In fiscal year 1981, nearly 300 migratory and seasonal farmworkers were served. A computer data system was also used, which provides immediate data regarding eligibility and past services, wherever the migrant applies.

Projects With Industry

The projects with industry program is a partnership between the rehabilitation and the business-industry communities to provide training leading to employment. In fiscal year 1983, over 90 projects affiliated with more than 4,000 private corporations were funded for $13 million. During this same time period, 20,000 disabled persons, most of whom were severely disabled, were served by this program. Of the total served, 13,000 were placed into competitive employment. It is estimated that $100 million in taxable wages were generated by this program in fiscal year 1983.

Special Recreation Programs

Section 311(a)(3) of the Rehabilitation Act of 1973, as amended, provides a program of special projects and demonstrations for making recreation activities accessible to handicapped individuals. Eight 1-year projects were funded in September 1981 for a total amount of $1 million. The facilities assisted with grant support will provide a variety of activities to benefit and 29,000 persons. This has not been funded again.

Section 316 provides a program of projects for initiating special recreation programs for handicapped individuals. Twenty-five 1-year projects were funded in September 1981 for a total amount of $2 million. This program establishes recreational activities for handicapped persons in a community with special emphasis on socialization and mobility. The recreational activities carried out within these projects are diverse in scope and intended to contribute to the handicapped person's vocational potential. The activities cover indoor and outdoor sports, crafts, arts, hobby activities and therapeutic and physical development activities. Approximately 18,000 persons benefited from the projects funded in 1981. Twenty-three 1-year projects were funded in September 1982 for $1,884,000. Twenty-seven projects were funded in September 1983 for $2 million. There is $2 million available in 1984.

Client Assistance Projects

Client assistance projects have the common goal of improving the VR program by providing ombudsmen to work directly with clients. There were 17 projects in operation during fiscal year 1982 at a funding level of $942,000.

Handicapped American Indian VR

The Navajo vocational rehabilitation program in Window Rock, Ariz., was awarded $650,000 in 1982 to carry out a bilingual rehabilitation service program aimed at returning the most severely handicapped Navajos to the world of work and independence. Approximately 600 severely handicapped Navajos are expected to receive service during the second year of operation.

Rehabilitation Training

Rehabilitation training grants are authorized to insure that skilled workers are available to provide services to severely disabled individuals. Training was funded at $19,200,000 for fiscal year 1982. The scope of training was both long and short term and ranged from rehabilitation counseling to speech pathology and audiology.

In addition, continuing education was provided to upgrade the skills of rehabilitation staff in public and voluntary agencies.

Special training projects of an experimental or innovative nature designed to train new types of manpower or demonstrate new techniques were also provided. In addition, there was a special program to train interpreters for the deaf. Emphasis continued to be placed on preparation of personnel for the provision of rehabilitation services to severely disabled persons, and was broadened to include independent living concepts and skills.

Centers for Independent Living Projects

This project grant program is authorized by part B, title VII of the Rehabilitation Act of 1973, as amended. The purpose of the program is to award funds to establish and operate centers for independent living (CIL's) which offer a combination of independent living services for severely handicapped individuals in order to enable them to live more independently in the family and community, or when appropriate, to secure and maintain employment.

The centers are not necessarily rehabilitation facilities in the traditional sense. Centers do provide a locus through which a combination of services required by severely handicapped individuals are either provided by center staff or arranged from other cooperating agencies. A dominant feature of the centers program is the development of cooperative relationships with other public and private nonprofit community agencies to insure that maximum use is made of these resources and to avoid duplication.

All centers are strongly urged to provide counseling and advocacy services in an active sense to insure the provision of all services and benefits for which an individual needs and is eligible. Other services most frequently provided include: Housing and transportation assistance, peer counseling, personal care attendant services, independent living skills training, and recreational activities.

Another important feature of the centers program are the statutory requirements that handicapped individuals have a substantial involvement in center policy direction and management, and that handicapped individuals be employed by the centers. Most centers are managed by consumer-based nonprofit organizations under contracts awarded by the grantees, and in 1981 it was estimated that 42 percent of the 885 center employees were disabled.

A goal of this program is to extend available services to all disability groups. However, in California, which has the largest number of State-supported centers, a recent study indicated that 69 percent of the persons served had physical disabilities. While most of the centers assisted by this program do serve a broad range of disability groups, several centers do have a special focus. For example: Nineteen centers emphasize services for the blind or visually handicapped; seven centers have received funds to strengthen services for the deaf or hearing impaired; nine centers are sponsored by organizations serving the mentally retarded; and two centers are sponsored by agencies focused on cerebral palsy. In 1983, it was estimated that all centers served approximately 26,000 severely handicapped individuals.

This program began in fiscal year 1979 with a budget of $2 million, which supported 10 grantees who either operated direct or contracted with 20 centers. Funds for subsequent years have been: Fiscal year 1980, $15 million; fiscal year 1981, $18 million; fiscal year 1982, $17,280,000; and fiscal year 1983, $19,400,000.

Twenty grantees are private nonprofit organizations and the remainder are State vocational rehabilitation agencies. Centers assisted in whole or in part by this program are operational in all States, the District of Columbia, Puerto Rico, the Virgin Islands, and American Samoa.

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH

Federal Funds: $30,060,000

Title II of the Rehabilitation, Comprehensive Services and Developmental Disabilities Legislation (Public Law 95–602) establishes the National Institute of Handicapped Research (NIHR). As a national effort, the institute encompasses all efforts sponsored by the institute as well as rehabilitation research-related activities sponsored by other Federal agencies. As the lead agency, the National Institute of Handicapped Research acts as the facilitator of this concerted and cooperative effort against the handicaps created by disability. Specific responsibilities include:

Provision of a comprehensive and coordinated approach to the administration and conduct of research, demonstrations and related activities for the rehabilitation of handicapped individuals, including programs designed to train persons who conduct research and who provide rehabilitation services.

Facilitation of the distribution of information concerning developments in rehabilitation procedures, methods, and devices to rehabilitation professionals and to handicapped individuals to assist such individuals in living more independent lives.

Improving the distribution of technological devices and equipment for handicapped individuals.

Increasing the scientific and technological information presently available in the field of rehabilitation.

One of the important aspects of research conducted by the National Institute of Handicapped Research is that it has applicability to the rehabilitation of disabled persons who are handicapped by their disabilities with research focusing on the integration of the disabled persons into independent and semi-independent community life with productive employment as the ultimate goal.

The programs which make up the resource development components of the Institute and which contribute to the NIHR goals are:

—Rehabilitation research and training centers.
—Rehabilitation engineering centers.
—Research and demonstration program.
—Utilization and information program.
—International research program.
—Fellowship program.

The National Institute of Handicapped Research engages a variety of agencies and organizations in a broad scope of rehabilitation activities support. The support of the rehabilitation research and training centers and the rehabilitation engineering center is one major approach to coordinating a national program that includes Federal, State, public, and private organizations. These centers, located around the country, conduct research, training, and research dissemination activities. They also serve as focal points for community involvement for continuing education in rehabilitation and for sharing of rehabilitation information with consumer organizations. Information offices in each of the centers help to disseminate rehabilitation information to the public, rehabilitation professionals, and the disabled persons.

The research and training centers attack a full range of disability problems such as spinal cord injury, neuromuscular diseases, cardiovascular diseases, deafness, blindness, mental retardation, independent living, and aging to name a few. However, all the centers have a certain commonality. Their staff includes professionals with special interest and training in disability and expertise in rehabilitation treatment of the types of persons they serve.

In response to an increased public concern about the lack of provision of rehabilitation services to the older individual, NIHR supports two research and training centers on rehabilitation of aged persons. The research focusing on the development and evaluation of techniques for identifying the disabled elderly persons and those health and psychosocial problems that are preventing further rehabilitation improvement or which are primary disabilities in and of themselves. The purpose of the research is to develop strategies for identifying handicapping conditions as early as possible; and device interventions to minimize performance limitations, physical impairments and life function losses.

Cooperating funding agencies of the research in aging are the National Institute of Handicapped Research of Handicapped Research and the National Institute of Mental Health.

A "state-of-the-art conference," jointly sponsored by the National Institute of Handicapped Research and those Federal agencies concerned with providing services to the older persons, is being planned by the institute. The purpose of the conference is to identify the rehabilitation needs and the rehabilitation problems and to develop a dynamic national policy on the rehabilitation of older handicapped persons.

In fiscal year 1983, the institute funded 31 research and training centers. Grants ranged from $300,000 to $725,000. In fiscal year 1983, the centers conducted over 400 research activities and provided training to over 400,000 trainees in a variety of rehabilitation health-related disciplines.

Rehabilitation Engineering Centers

Federal Funds: $8,252,000

The mission of the rehabilitation engineering centers is to conduct coordinated programs of advanced research of an engineering or technological nature which can be applied toward solving problems encountered in the rehabilitation of handicapped persons. The centers are also encouraged to develop systems for the exchange of technical and engineering information and to improve the distribution of technological devices and equipment to handicapped persons.

Each center conducts a program of research, scientific evaluation and training that is directly related to its area of expertise. In fiscal year 1983, NIHR funded 18 rehabilitation engineering centers for a total of $8,252,000. Research areas include: Functional electrical stimulation and systems; nonvocal communication devices and systems; stimulation of industry and technology evaluation, prosthetics and orthotics for the disabled; worksite modifications; and improved wheelchairs and specialized seating just to name a few. The grants range from $250,000 to $725,000.

Research and Demonstrations Program

Federal Funds: $3,252,000

The research and demonstration program is primarily directed toward discovering new knowledge and overcoming significant information gaps in the rehabilitation of the severely disabled persons. NIHR supports a broad spectrum of research projects which include: Job placement and job development; rehabilitation of handicapped children; rehabilitation of the urban minority groups; mobility for persons with low vision; and spinal cord injury are just a few.

International Program

Federal Funds: $100,000

The International Activities Office of the National Institute of Handicapped Research (NIHR) conducts an international program. The program includes cooperative international research and demonstration projects, the interchange of experts, the exchange of information, training, and technical assistance. More recently the scope of the program has broadened to include such activities as encouraging the expansion of bilateral cooperative agreements and providing advisory services to other countries, to the U.S. Mission to the United Nations and to such U.N. specialized agencies as UNESCO, ILO, WHO, and UNICEF. In addition, NIHR sponsors seminars, special studies, and workshops, at home and abroad.

Research Utilization and Information Program

Federal Funds: $2,267,000

The dissemination of research results which can be used to improve services to the handicapped persons is stressed throughout the legislation authorizing NIHR. The mission of the utilization and information program is therefore to aid in planning of research and demonstrations in such a way as to maximize the production of research results that are relevant and applicable and which can be utilized; disseminate the research and demonstration results to targeted users; and link research with users through research utilization conferences.

Fellowships

Federal Funds: $420,000

Under this program, fellowship awards are made to highly qualified individuals whose training and experience indicate a potential for engaging in scientific research related to the solution of rehabilitation problems of handicapped persons. Fellows work at any setting which is appropriate to the conduct of the research.

Rehabilitation Research and Training Centers

Federal Funds: $15,150,000

The Rehabilitation Act places upon the National Institute of Handicapped Research a responsibility over and above the development of new scientific knowledge; that is the responsibility to develop, disseminate, and aid in the application of existing knowledge which is of immediate value in the rehabilitation of disabled persons. Section 204(b)(1) authorizes the establishment of the rehabilitation research and training centers which function as a segment of the institute in the implementation of this part of the Rehabilitation Act. The interrelationships of research, services, and training form the framework within which these centers construct their efforts. The rationale for this operational approach is the belief that research cannot be an isolated operational entity and still effectively accomplish its intended mission of being utilized.

The specific mission of each center is to conduct research in priority research core areas; transpose research knowledge into tangible, utilizable products for rehabilitation practictioners; and disseminate it to practitioners, through training, for incorporation into existing service delivery programs. Research is conducted in settings where patient/client services, research and training are viewed as interdependent activities essential to the accomplishment of maximum rehabilitation of disabled persons.

National Council on the Handicapped

Established by the Rehabilitation Act of 1973 as amended by Public Law 95-602. The council was created in response to a demand for a coordinated approach to Federal program, policies, and activities concerning persons with disabilities.

15 Members

The National Council on the Handicapped, working as a total council and also on various subcommittees, made an impact in the following areas: (1) Assisted in the development of research priorities for the National Institute of Handicapped Research; (2) assisted in the development of an improved plan for coordination of special education and vocational rehabilitation; (3) promoted an improved interface of vocational rehabilitation with private enterprise; (4) assisted in the development of a disability prevention program through improved health education and accident prevention; (5) developed and submitted a resolution for strengthening the social security disability insurance system; (6) developed a system for preliminary review and evaluation of all Federal programs for persons with disabilities. First programs to be NIHR/RSA/SEP this fall; (7) promoted strong advocacy programs for the rights of persons with disabilities; (8) participated in planning task force for the White House Conference on Productivity; (9) four regular council meetings were held during which time distinguished advocates for disabled Americans reported on their priorities for the 1980's; and (10) developed a national policy for persons with disabilities—through visiting all 50 States and making 2,500 consumer and consumer group contacts.

Office of Information and Resources for the Handicapped

The Clearinghouse on the Handicapped responded to 2,320 telephone inquiries, wrote 1,437 letters, and sent out 6,568 publications. The clearinghouse published the third edition of the Directory of National Information Sources on Handicapping Conditions and Related Services, a Resource Guide on Employment of the Handicapped, and the fourth edition of the Pocket Guide to Federal Help for the Disabled Person.

The Office of Information and Resources for the Handicapped also administers a training grant program that is designed to increase the number of skilled interpreters for the deaf. This activity was authorized in 1978 in the rehabilitation amendments and was begun in 1980. During 1983, $900,000 were awarded to 10 noncompetitive continuations.

TITLE V—MISCELLANEOUS PROVISIONS OF THE REHABILITATION ACT

Employment

Section 501 of the Rehabilitation Act of 1973, as amended, requires that all agencies, departments, and instrumentalities of the executive branch of the Federal Government submit annual affirmative action program plans for the hiring, placement, and advancement of handicapped individuals to the Office of Personnel Management (OPM), formerly the U.S. Civil Service Commission.

Two statistical studies were published: (1) "Statistical Profile of Handicapped Federal Civilian Employees," and (2) the newly established "Governmentwide Disabled Women's Task Force." This latter publication analyzes the employment characteristics of severely disabled women as compared to severely disabled men, nonhandicapped women, and the general handicapped work force as of December 1980.

The "Handbook of Reasonable Accommodation" series was prepared and is tentatively scheduled for printing in fiscal year 1982. This handbook outlines procedures for conducting job analysis and/or worksite modification for disabled employees.

A 1-day showcase, titled "The Supervisor and the Disabled Person" was conducted in 1981. This was a joint OPM/Advisory Training Directors undertaking for the International Year of Disabled Persons which was attended by 150 Federal supervisors.

During fiscal year 1982, OPM reached an agreement with the Equal Employment Opportunity Commission to resume responsibility for the monitoring of agency affirmative action plans for disabled veterans, as required under Public Law 93-508 (Vietnam Era Veterans Readjustment Assistance Act of 1974).

Architectural Barriers

Section 502 of the Rehabilitation Act of 1973, as amended, established the Architectural and Transportation Barriers Compliance Board (ATBCB). The 22-member agency (11 Federal agencies and 11 Presidentially appointed private citizens) insures compliance with the Architectural Barriers Act (Public Law 90-480) of 1968. This act requires that certain buildings designed, constructed, and altered with Federal funds after 1968, be accessible to physically handicapped persons.

During fiscal year 1982, the ATBCB published revised Minimum Guidelines and Requirements for Accessible Design in federally funded buildings. These requirements serve as the basis for standards (architectural specifications) issued by the General Services Administration, U.S. Postal Service, and the Defense and Housing and Urban Development departments. Since the guidelines and requirements were issued, the ATBCB has worked with these four agencies to develop a uniform standard for them to use. The ATBCB also provides technical assistance and educational materials on accessibility to anyone needing assistance. During 1982, the agency began setting up one of the most comprehensive libraries containing access-related codes and standards and architectural, transportation, communication, and attitudinal materials (which also relate to the needs of elderly persons).

The agency is doing more research which will lead to development of specifications for accessibility to accommodate access needs of hearing and sight-impaired persons.

In insuring compliance with the 1968 law, the ATBCB has handled over 900 complaints about inaccessibility in federally funded buildings in 1982.

ENFORCEMENT OF THE AGE DISCRIMINATION ACT BY THE DEPARTMENT OF EDUCATION

The Department of Education's (ED) Office for Civil Rights (OCR) is responsible for enforcement of the Age Discrimination Act of 1975 (ADA) which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. The act also contains certain exceptions which permit, under limited circumstances, continued use of age distinctions or factors other than age which may have a disproportionate effect on the basis of age.

As provided in the act, the Department of Health, Education, and Welfare (DHEW) published general governmentwide regulations on June 12, 1979, at 45 C.F.R. Part 90, effective July 1, 1979. ED is currently developing its own agency-specific regulations. In the interim, OCR is following the DHEW regulations.

Under the ADA, OCR has jurisdiction to investigate all student services complaints (i.e., complaints dealing with service delivery issues such as school admission). OCR does not have jurisdiction to investigate any employment complaints under the act. These compliants are either sent to the Equal Employment Opportunity Commission (EEOC) which has jurisdiction under the Age Discrimination in Employment Act of 1967 (ADEA) for certain types of age discrimination cases, or they are closed under the procedures described below.

Under the DHEW procedures, OCR screens complaints alleging age discrimination to determine whether OCR has jurisdiction and then forwards any age complaints with service issues to the Federal Mediation and Conciliation Service (FMCS) in Washington for resolution of the complaint by mediation.

Complaints filed solely on the basis of age are not subject to the time frames for processing complaints imposed on OCR by the U.S. District Court in the March 11, 1983, *Adams* order. For complaints containing allegations of discrimination on the basis of age and another jurisdiction (title VI, title IX, and/or section 504), the applicable *Adams* time frames are tolled for 60 days (or until the complaint is returned from FMCS, whichever is earlier) in order to allow the complaint to be forwarded to FMCS for processing of the age portion of the case. OCR notifies the complainant(s) of the duration of the tolling of the time frames.

If FMCS is successful in mediating a complaint filed only on the basis of age within the 60 days allowed, OCR closes the case. If the case is not resolved, OCR begins processing the case by first engaging in informal factfinding. If the case is not resolved during that phase, the case is then subject to a full-scale investigation by OCR. If the case was filed on the basis of age and some other jurisdiction (e.g., title VI), an attempt is first made by FMCS to mediate the age portion of the case as described above. If FMCS is successful in mediating the age portion of the case within the 60-day time limit, OCR then proceeds to investigate the other allegations in the complaint within the applicable *Adams* time frames. If FMCS is not successful in mediating an agreement between the complainant and recipient, the case is returned to OCR, and OCR resumes processing all of the complaint allegations also within the applicable *Adams* time frames.

Age complaints involving employment which are filed by persons between the ages of 40 and 70 must referred to the appropriate EEOC reginal office under the ADEA and the OCR file is closed. EEOC does not have jurisdiction over age/employment complaints which involve persons under 40 or over 70 years of age. If the complainant is under 40 or over 70 years of age and the complaint filed with OCR alleges only employment discrimination, the complainant is informed that there is no jurisdiction under the ADEA and the case is closed.

Those complaints which not only involve age/employment but also some other jurisdiction (namely, title VI, title IX, and/or section 504) are to be referred to EEOC for investigation of the age employment portion and retained by OCR for investigation of the other portion(s). Such a complaint is split and the part dealing with employment is closed by OCR by referral to EEOC. OCR then investigates the other allegations contained in the complaint.

OCR may also close an age complaint, even though OCR has jurisdiction, if another agency is processing the case and OCR determines based on criteria in its Investigation Procedures Manual that duplication of effort is not warranted. OCR may also close the case under an agreement with another agency, and the other agency will assume full responsibility for the investigation, negotiation, and final resolution of the complaint. An example would be Justice Department litigation already in process against the same institution on the same or a related issue and the two departments determine that, in order to avoid duplication of effort, the Justice Department will take full responsibility for the complaint.

In fiscal year 1983, OCR received 41 cases that were filed solely on the basis of age. Of those 41 age-only cases, 8 were forwarded to the FMCS for mediation. Twenty-one of the cases were referred to other agencies for processing (e.g., EEOC) and closed by OCR. Seven of the cases were closed because of a lack of jurisdiction and five were closed for administrative reasons (e.g., complaints were not timely since they were submitted after the filing date in the applicable regulation).

Two of the age-only cases forwarded to FMCS were mediated successfully by FMCS and were closed by OCR. One involved the issue of "student/beneficiary treatment" and the other involved the issue of "program services." Six of the eight age-only cases forwarded to FMCS were not resolved successfully and were returned to OCR for processing. One of the six was administratively closed by OCR, two were investigated and no violations were found, one complaint was withdrawn by the complainant, and two were still in the process of being investigated by OCR. The most frequent issue cited in the six cases which were not mediated successfully was "program requirements."

There were 83 multiple-bases cases filed with OCR that had age cited as one of the bases. Twenty-five of those multiple-bases cases were forwarded to FMCS for mediation, and the *Adams* time frames were tolled while those cases were at FMCS. Sixteen of the cases were closed and referred to EEOC or other agencies, and 25 cases were closed administratively (e.g., 13 of the 25 cases closed administratively were closed because the complaint was not timely). In 7 of the 83 multiple-bases cases containing age discrimination allegations, the age portion of the complaint was withdrawn by the complainant before any formal processing of the case began, and 10 cases were closed by OCR because of a lack of jurisdiction.

Of the 25 multiple-bases cases containing age discrimination allegations for which OCR had jurisdiction and were therefore forwarded to FMCS, 10 were mediated successfully. The most frequent issue cited in the cases which FMCS mediated successfully was "admission to education programs." One of the 25 cases was still pending at FMCS at the end of the fiscal year, and the 14 cases not mediated successfully were returned to OCR for processing. Three of these cases were investigated by OCR and no violations were found, two of the complaints were withdrawn by the complainants after achieving change in his or her situation, and one case was administratively closed by OCR. Eight of the 14 cases were still being investigated by OCR at the end of the fiscal year. The most frequent issue cited in the complaints not mediated successfully was "support services."

In summary, OCR only had responsibility for processing 33 of the 124 cases received that alleged discrimination on the basis of age (i.e., 41 complaints filed solely on the basis of age plus the 83 multiple-bases cases that had age cited as one of the bases). These 33 cases represented less than 2 percent of the 1,952 complaints filed with OCR in fiscal year 1983. Age discrimination complaints do not constitute a significant proportion of OCR's complaint workload, nor has OCR identified any pattern or practices of age discrimination in programs receiving Federal financial assistance from the department. OCR confined its age discrimination compliance activities to complaint investigations, conducting no compliance reviews on age discrimination issues in fiscal year 1983. Likewise, no staffing training needs were identified necessitating training on the ADA in fiscal year 1983. However, OCR did distribute approximately 100 copies of the DHEW 1979 age discrimination regulation as requested to the public.

ITEM 5. DEPARTMENT OF ENERGY

December 28, 1983.

Dear Mr. Chairman: In response to your letter requesting an update of the Department's activities in 1983 affecting older Americans, I am submitting the following enclosures that describe departmental activities in areas of energy efficiency programs, information collection and distribution, public participation, and research on the biological and physiological aging process.

I am pleased to contribute to the annual report of Federal activities and programs relating to older Americans.

Sincerely,

Donald Paul Hodel, *Secretary.*

Enclosure.

Introduction

In the fall of 1983, the fourth national energy policy plan was sent to the Congress as required by title VII of the Department of Energy Organization Act (Public Law 95-91). The national energy policy plan sets forth the Department's fundamental goal and strategies to provide an adequate supply of energy at reasonable costs. The strategies to attain this goal are to minimize Federal control and involvement, and to promote a balanced and mixed energy resource system. These principles are the framework within which this report is written. The policy has been formulated and implemented with a particular sensitivity to the energy needs of older Americans and to the impact of energy costs on the household budgets of low- and moderate-income elderly.

The following will be a more detailed description of DOE activities under the general headings of: Energy efficiency programs; information collection and distribution; public participation; and research related to biological aging.

ENERGY EFFICIENCY PROGRAMS

Weatherization assistance program.—The low-income elderly and the handicapped receive priority under this program which provides grants for the installation of insulation, weatherstripping, storm windows, and other energy-saving measures.

In 1983, the weatherization assistance program awarded $242,275,000 in grants to the States and 25 Native American tribal organizations for the weatherization of homes of low-income people. Reports submitted from the inception of the program through September 1983, indicate 1,092,661 low-income homes were weatherized and that the majority of those dwellings were occupied by the elderly. In 1983, 164,010 homes were weatherized.

Residential Conservation Service.—Implementation of this program by the States began in October 1981. The program requires major utilities to offer energy audits, to offer to arrange for the financing and installation of energy conservation measures, and to permit repayment of associated loans through monthly utility billings. The program also requires development of lists of suppliers, contractors, and lenders. This program should be useful to the elderly as well as to other members of the population. Revised regulations, aimed at reducing associated burdens, were published in the Federal Register on June 25, 1982.

Institutional conservation program.—Title III of the National Energy Conservation Policy Act provided for a matching grant program to support, among other things, professional analyses of the energy conservation potential in public care facilities. The effort of this program is to identify for building operators ways to conserve energy and thus cut their operating costs. The program also hopes to influence the capital investment decisions of an institution's management.

INFORMATION COLLECTION AND DISTRIBUTION

The Energy Information Administration collects and publishes comprehensive data on energy consumption in the residential sector through the residential energy consumption survey. This survey includes data collected from individual households throughout the country along with actual billing data from the households' fuel suppliers for a 12-month period. The data include information on energy consumption, expenditures for energy, cost by fuel type, and related housing unit characteristics (such as size, insulation, and major energy-consuming appliances).

Using this survey, the Energy Information Administration published two major reports in 1983 that contain data about the elderly. The report, "Residential Energy Consumption Survey: Housing Characteristics, 1981," provides data on energy-related characteristics of housing, including the square footage of floor space and the use of fuels. Estimates of the cost and quantities used of electricity, natural gas, fuel oil, kerosene, and liquefied petroleum gas for elderly households are reported in "Residential Energy Consumption Survey: Consumption and Expenditures, April 1981 through March 1982." Two volumes of this report have been published. Part 1 contains national data, and part 2 contians data for the nine census divisions. The published reports can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20401.

Two special features of this residential survey provide data about low-income elderly households. A supplemental survey has been conducted in 1983 on a sample of households in the weatherization program to determine the benefits of the program. Findings from this study will be published in 1984. A followup of the main residential survey will gather information on households that have received low-income energy assistance payments.

PUBLIC PARTICIPATION ACTIVITIES

During 1983, DOE has remained very active with the "energy and aging consortium." The consortium is composed of over 40 organizations from the public sector, private nonprofit sector, and energy industry. This organization is the only one of its kind that brings Federal agencies such as DOE and the Administration on Aging together with national aging organizations, and the private industry sector such as the American Gas Association, American Petroleum Institute, Edison Electric Institute, and others, to review and discuss solutions for the energy-related needs of the elderly.

The Office of Consumer Affairs of the Office of the Assistant Secretary for Congressional, Intergovernmental, and Public Affairs has represented the Department with the consortium, serving as a member of the steering committee and technical assistance committee. Through participation in this group, DOE has exercised leadership in forming partnerships with a variety of organizations that have worked to meet the energy needs of the elderly.

This participation produced a national conference in the fall of 1983. This conference was conducted with the Administration on Aging as cosponsor. The theme of this event was meeting the needs of the elderly through "building partnerships" with private voluntary organizations, private for-profit energy industries, and government agencies responsible for serving older constituents.

The Office of Consumer Affairs has worked with the Center for Environmental Physiology, the Administration on Aging, the White House Office of Consumer Affairs, the American Gas Association, and Becton-Dickinson to develop, print, and distribute public information concerning cold weather-related health risks (hypothermia) for the elderly. This collaborative effort helped facilitate the circulation of a publication concerning the importance of preventing critical cold weather health risks for the elderly.

DOE's staff has maintained open channels of communication with six Federal agencies and departments for the purpose of improving information exchange about energy assistance programs. This information exchange gives particular attention to any provisions in the programs that allow for special attention to the elderly.

DOE has distributed notices of proposed procedures and public hearings concerned with overcharge settlements with oil and gas companies to organizations representing the elderly.

RESEARCH RELATED TO BIOLOGICAL AGING

In 1983, the Office of Health and Environmental Research (OHER) administered a program of research to identify and characterize the health impacts of energy. In assessing the energy-related health impacts, the Department continues to identify and characterize long-term, late-appearing effects induced by chronic exposure to low levels of hazardous chemical and physical agents. Health effects caused by chronic low-level exposure to energy-related toxic agents often develop over the entire lifespan. Consequently, such effects must be clearly distinguished from the normal aging process. To make a valid distinction between chemical toxicity and spontaneously occurring changes, information on changes occurring throughout the lifespan must be collected for both experimental and control groups. These data help to characterize the normal aging processes as well as the toxicity of energy-related agents over time. Additional studies are conducted to obtain a better understanding of the aging process itself. Thus, DOE sponsors two categories of studies related to biological aging: (a) Studies indirectly concerned with biological changes occurring over long periods of time in animals and in humans; and (b) studies designed to elucidate the biological processes in aging. As in the past, lifetime studies of humans and animals constitute the major effort in ongoing research related to biological aging. Research directly concerned with the aging process has been conducted at several of the Department's contractor facilities. Summarized below are specific research projects addressing aging that the Department sponsored in 1983.

Long-Term Studies of Human Populations

These studies provide valuable data on health effects and life shortening in human populations exposed to hazardous chemical and physical agents associated with energy technologies. Additional information on lifespan and aging in human populations is also collected. Since long-term studies of human populations are costly, time-consuming, and complex, they are initiated on a highly selective basis.

The Radiation Effects Research Foundation (RERF), sponsored jointly by the United States and Japan, continued work on a lifetime followup of survivors of atomic bombings that occurred in Hiroshima and Nagasaki in 1945. Over 100,000 persons are under observation in this study.

Detailed clinical, laboratory, mortality, and autopsy data are collected or irradiated and control populations to identify diseases that have contributed to life shortening among survivors. An important feature is the acquisition of valuable quantitative data on dose-response relationships. Studies specifically concerned with age-related changes also are conducted. It was recently reported that the effects of ionizing radiation on mortality are specific and focal, and principally carcinogenic. No evidence of radiation-induced premature aging has been obtained.

After being accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, a group of some 200 inhabitants of the Marshall Islands has been followed clinically, along with unexposed controls, by medical specialists at the Brookhaven National Laboratory. Thyroid pathology, which has responded well to medical treatment, has been prevalent in individuals heavily exposed to radioiodine. (This study is currently conducted under the auspices of the Department's Office of Defense Programs.)

Nearly 2,000 persons exposed to radium, occupationally or for medical reasons, have been studied at the Center for Human Radiobiology, Argonne National Laboratory. Individuals in the study receive medical and radiologic (dosimetric) examinations at the center. Work emphasizes the study of persons with relatively low-body burdens of radium. Data on tumor induction by bone-seeking, alpha-emitting radionuclides are being generated. Of importance are quantitative dose-response data for tumorigenesis.

At the Los Alamos National Laboratory, an epidemiologic study of plutonium workers at six Department of Energy facilities is in progress. An estimated 15,000 to 20,000 workers will be followed in this retrospective mortality study. Autopsy data are obtained through the U.S. Uranium/Transuranium Registry (see below). So far, there is no excess mortality due to any cause in 224 males with the highest plutonium exposures. Twenty-six males exposed to plutonium during World War II show no evidence yet that adverse effects exist nearl 40 years after exposure.

Some 600,000 contractor employees at Department of Energy facilities are being analyzed in an epidemiologic study to assess health effects produced by long-term exposure to low levels of ionizing radiation. Workers at the Hanford (Washington) and Oak Ridge (Tennessee) plants, at the Mound Laboratory (Miamisburg, Ohio), and other facilities are subjects of the study, which is conducted by Oak Ridge Associated Universities (ORAU), the Hanford Environmental Health Foundation (HEHF), and Battelle Pacific Northwest Laboratory (PNL), with assistance from teams at each of the facilities that house workers records and vital statistics. Radiation dosimetry as well as exposures to other toxic agents in the work environment are carefully evaluated.

The U.S. Uranium/Transuranium Registry, which is operated by the Hanford Environmental Health Foundation, collects occupational data (work, medical, and radiation exposure histories) as well as information on mortality in worker populations exposed to plutonium or other transuranium radioelements. Detailed autopsy data are obtained on workers at the time of death. At the present time, some 14,500 workers from 10 facilities are registered with the foundation. The autopsy data are available for use in other epidemiologic studies.

A study to determine possible relationships between the work environment and mortality risk is being conducted on 90,000 workers employed at eight shipyards since the early 1950's. Approximately 50,000 of these workers have had exposure to external radiation. The purpose is to identify past and present shipyard employees and to establish an automated record system that incorporates data on individual work histories, types of jobs, radiation exposures, estimated exposures to other workplace hazards, and smoking and drinking histories. It is planned to establish the vital status of all workers and cause of death among deceased workers, and to conduct analyses to establish a dose-response relationship between radiation and mortality by cause of death. At this time, employee records at all eight shipyards have been microfilmed, basic data have been abstracted and transferred to magnetic tape, and followup is in progress.

Lifetime Studies in Short-Lived Mammals

Although data from humans are indispensable in the assessment of health impacts associated with any hazardous agent, limitations inherent in human studies make it mandatory to acquire quantitative data from controlled lifetime studies of animal populations. Data from animals significantly enhance predictive capabilities.

Small rodents with lifespans of 2 to 3 years (rats, hamsters) provide data in a minimum of time and at low cost. Consequently, rodents have been used in large-scale studies of late somatic and genetic effects induced by low doses of ionizing radiation. For example, at the Argonne National Laboratory and the Oak Ridge National Laboratory, mice have been exposed to ionizing radiation delivered in different daily increments to characterize radiation-induced diseases and abnormalities that reduce the lifespan. These studies using gamma and neutron radiations have yielded valuable information on dose rate and radiation quality as important factors that modify mammalian response to radiation stress. The study of control (unexposed) populations is providing data on lifespan, morbidity patterns, and causes of death in unstressed animals. Lifetime studies of tumorigenesis and other somatic effects of ionizing radiation in rodent populations are currently being conducted at the Brookhaven National Laboratory, the Lawrence Berkeley Laboratory, the Battelle-Pacific Northwest Laboratory, the Oak Ridge National Laboratory, the University of Utah, the Lovelace Inhalation Toxicology Research Institute, and the University of California, Davis. Included in the ongoing effort are studies involving external sources (neutrons, gamma radiation, and heavy ionizing particles), actinide isotopes that are present in nuclear fuels (plutonium–239, american–241, uranium–233, and others), radium isotopes, and products of nuclear fission (including tritium and krypton–85).

At the Lovelace Inhalation Toxicology Research Institute, lifetime studies of rodents exposed to particulates from the combustion of energy related materials are in progress. Biological end-points being assessed are lifespan shortening, functional disorders, and pathological changes, including carcinogenesis.

Lifetime studies in rats and hamsters at the University of Connecticut, Farmington, are defining chronic toxicity and carcinogenic risks associated with the ingestion and inhalation of nickel-containing materials. At the Los Alamos National Laboratory, ongoing research with rodents is assessing chronic pulmonary toxicity, carcinogenicity, and other health effects associated with chronic exposure to energy-related materials and combustion products.

Lifetime Studies With Long-Lived Mammals

From some points of view, long-lived mammalian species represent better human surrogates than do their short-lived counterparts. Thus, obtaining quantitative data on responses of long-lived species to hazardous agents is important. The beagle dog has served for more than 20 years as the long-lived mammal in lifetime radiation-effects studies sponsored by the Department of Energy. Data from beagles facilitate attempts to interrelate data on animal responses with those on humans. At the Argonne National Laboratory, the University of Utah, the University of California, Davis, the Lovelace Inhalation Toxicology Research Institute, and the Pacific Northwest Laboratories, populations of beagles are kept under careful experimental observation. In these lifetime studies, periodic clinical examinations and laboratory analyses are performed on all exposed and control animals, and complete data on gross pathology and histopathology are collected. Accumulated data contain a wealth of information on lifespan, age-related changes, morbidity, mortality, and causes of death in normal animals, as well as alternations in these characteristics that may be induced by radiation. Lifetime studies currently in progress focus primarily on late appearing radiation effects. Included are studies of external radiation (gamma radiation) and internally deposited radionuclides administered by inhalation, ingestion, or injection. All ongoing studies involve careful dosimetric measurements and the acquisition of dose-response data. Because of cost and time, lifetime studies of beagles are initiated on a highly selective basis. No energy-related agent other than ionizing radiation has yet been evaluated via a lifetime study in a long-lived animal. Limited studies are identified by short-term testing on other biological systems.

Research Directly Concerned With Aging

Interest in biological aging has continued at the Oak Ridge National Laboratory where progress was made in several areas of research related to the aging process. Oak Ridge investigators have been conducting experiments with two strains, of mice differing significantly with respect to length of lifespan—one has a mean lifespan of over 700 days as opposed to a mean lifespan of only about 450 days in the other—in order to investigate genetic factors underlying aging and longevity. A major difference between the two strains has been found to reside within the immune system. Results of the Oak Ridge study suggest that genes controlling the immune system may also control the aging process.

At the Brookhaven National Laboratory, research was conducted to explore the possibility that the aging process is affected by cellular capacity for DNA repair. For this purpose experiments were carried out using four types of cell systems: (1) Cells from individuals with premature aging syndromes; (2) cells from old and young animals of the same species; (3) cells of different ages in culture; and (4) cells of the same age but from species with different lifespans. Based on data obtained, there seems to be no causal connection between aging and a decrease in DNA repair.

Trends and Prospects

Given the need to assess long-term and late-appearing effects of hazardous agents associated with energy, lifetime studies of animal and human populations will continue. Additional lifetime studies of chemical agents will be needed in the future. Accordingly, more data describing age-related changes should be forthcoming.

ITEM 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

NATIONAL LONG-TERM CARE CHANNELING DEMONSTRATION PROGRAM

The U.S. Department of Health and Human Services (DHHS), in recognition of the large and rapidly growing need for long-term care for the functionally impaired elderly, has funded a major demonstration to test the feasibility and cost-effectiveness of an alternative community-based long-term care service delivery concept integrating health and social services. Ten community projects in 10 different States are now implementing the national long-term care channeling program. Participating

States are Florida, Kentucky, Maine, Maryland, Massachusetts, New Jersey, New York, Ohio, Pennsylvania, and Texas.

The channeling program is directed at providing community-based long-term care services to people 65 and older who are functionally impaired and are unable to manage the essential activities of daily living on their own, and who lack adequate informal supports. The core purposes of the channeling program are:

(1) To marshall and direct long-term care resources in a community in ways that contain overall costs.

(2) To increase access to a wider range of services than is currently available.

(3) To match services used to the identified needs of the client.

(4) To concentrate public resources on those persons with the greatest need for subsidized long-term care.

(5) To stimulate the development of needed in home and community services which do not exist or are in short supply.

(6) To reduce the unnecessary use of publicly-subsidized long-term care services, including costly medical and institutional services.

(7) To promote efficiency and quality in community long-term care delivery systems.

(8) To promote a reasonable division of labor between informal support systems (including families, neighbors, and friends), privately financed services and publicly-financed care; and

(9) To maintain or enhance client outcomes, including physical and mental functioning and quality of life.

There are two variants of channeling that will be tested in the demonstration: A basic case management model and a financial control model (or complex model).

The basic case management model superimposes a coordinating and accountability mechanism—case management—onto the present system of and client eligibilities. It accepts the features of the present long-term care system as given and introduces a mechanism responsible for helping clients gain access to and coordinate the services they need to continue to live in the community. The channeling organization assigns to each client a case manager, who performs a comprehensive assessment of service needs; develops a plan of care that responds to those needs; arranges for the provision of needed services, relying on family and friends where feasible; follows up to see that they are provided and monitors their provision on an ongoing basis; and reassesses needs periodically or when circumstances change. Thus, the case manager is accountable for identifying the entire package of services needed by the client and serves as a client advocate in negotiating the complex array of programs and service providers.

The basic case management model, therefore, tests the premise that the major difficulties in the current long-term case system are problems of information, access, and coordination, which can be essentially solved by client-centered case management.

The financial control model (or complex model) modifies the basic model to directly address issues of cost control and to strengthen the projects ability to access needed services. It modifies several key features of the current long-term care system by introducing a fixed budget, a wider range of services, increased project authority over expenditures, and expanded eligibility to reach those in need. The fixed budget, set at 60 percent of the average medicaid skilled nursing facility-intermediate care facility (SNF/ICF) rate in the catchment area, is designed to help gain control over rising costs and increased demand for long-term care services. In order to make a variety of services abailable that are less costly and offer clients and care planners the opportunity to choose a more appropriate and efficient care plan, waivers are provided to expand community service options.

Services for which coverage is extended include: Day health and rehabilitative care, day maintenance care, home health aid services, homemaker/personal care services, housekeeping services, chore services, companion service, home-delivered meals, respite care, skilled nursing, physical therapy, speech therapy, occupational therapy, mental health services, housing assistance, adult foster care, nonroutine consumable medical supplies, and adoptive and assistive equipment.

These services are paid for from a pool of service dollars. This pool is comprised principally of medicare and medicaid funds through waivers of requirements of those programs. From the prespective of client and case managers, services reimbursed out of the services pool are not dependent on a client's eligibility for particular categorical programs. Case managers have the power to authorize the amount, duration, and scope of services paid for from the funding pool. This vests in the case manager the power to limit, alter, or terminate services in response to changes in client needs. The power to authorize community-based services irrespective of funding source enhances the case manager's ability to obtain services for clients and makes the case manager accountable for the full package of services funded.

The design and planning phase of the projects has been completed. The basic case management model is being tested in five sites, all which began operation in February and March of 1982, except one site which began in June. The basic model sites are located in Kentucky, Maine, Maryland, New Jersey, and Texas. The five additional sites where the financial control model is being tested were implemented in May and June of 1982. These sites are located in Florida, Massachusetts, New York, Ohio, and Pennsylvania.

A uniform evaluation of all 10 sites using a randomized experimental design is being conducted during this 4-year demonstration program. The evaluation is using common data collection instruments and procedures across all sites to answer the following questions:

—Does channeling enable clients to live in less restrictive settings by substituting community-based care for institutional care?
—Does channeling maintain reliance on informal supports and reduce the psychological and financial burden of care placed on families and other informal caregivers?
—What is channeling's impact on the public and private costs of long-term care?
—Does channeling improve the quality of life (both objective and subjective) and lower mortality for its clients?
—Is channeling a cost effective long-term care intervention?
—Do the answers to the above questions differ among subgroups of the target population and across variants of the channeling model?

All demonstration sites are scheduled to run for 3 years. The basic case management model sites will terminate operation December 31, 1984. The financial control model sites will complete their phase down by March 1985.

The first report from the research contractor has been received in ASPE. This was the interim process analysis report entitled "The Planning and Implementation of Channeling: Early Experiences of the National Long-Term Care Channeling Demonstration." This report describes the channeling intervention as initially implemented, as well as the characteristics of research sample participants. The schedule of final reports is as follows:

SCHEDULE OF EVALUATION REPORTS NATIONAL CHANNELING DEMONSTRATION

April 1983: The planning and implementation of channeling: Early experiences of the national long-term care demonstration.
End of May 1984: (1) Baseline comparability report, (2) report on caregiver characteristics.
End of August 1984: Preliminary impact report.
End of January 1985: Targetting, intake, and case management.
End of March 1985: (1) Channeling project and service environment, (2) channeling project cost report, (3) preliminary analysis of provider record extracts.
End of May 1985: Survey procedures.
End of June 1985: (1) Caregiver report, (2) client well-being.
End of July 1985: Sample design and size.
End of August 1985: (1) Claims file procedures report, (2) living arrangements and mortality report.
End of September 1985: Service utilization and costs.
End of October 1985: (1) Attrition bias, (2) cost-effectiveness report.
End of November 1985: Analysis of service choice report.
End of January 1986: Final summary report.

Characteristics of channeling clients at point of entry to program

All Sites Percentage Distribution (N=4072)

	Percent
Above 75 years old	72.7
Sex: Female	70.1
Race: Nonwhite	26.0
Income: less than $500/month	56.6
Insurance: Medicare/medicaid or medicaid only	21.1
Living Arrangement: LTC institution or alone	36.6
Functional Status (ADL): Very severe or severely impaired	73.3
Functional Status (IADL): Severely impaired	32.9

OFFICE OF HUMAN DEVELOPMENT SERVICES

ADMINISTRATION ON AGING

REPORT FOR FISCAL YEAR 1983

INTRODUCTION

This report describes the major activities of the Administration on Aging (AoA) in fiscal year 1983. Title II of the Older Americans Act of 1965 (the act) established the Administration on Aging as the principal Federal agency for carrying out the provisions of the act. The provisions of the Older Americans Act attempts to remove barriers to economic and personal independence for older persons and assure the availability of appropriate services for those older persons in the greatest social or economic need. The provisions of the act are implemented primarily through the establishment of a national "network on aging" consisting of the Administration on Aging at the Federal level, State Agencies, and area agencies on aging established under title III of the act, and the agencies and organizations providing direct services at the community level. In fiscal year 1983, Congress appropriated $671,551,000 to support programs and activities to implement the provisions of the Older Americans Act, as amended. This excludes $175,000 available for the Federal Council on Aging under the Older Americans Act appropriation. (See appendix I for a summary of AoA's budget for fiscal year 1983.)

This report is divided into four sections. Section I describes AoA's roles and functions. It highlights various activities undertaken by AoA in partnership with other Federal agenicies and private organizations to foster the coordination of Federal programs related to older persons. Section II provides an overview of the provisions of title III of the Older Americans Act, and summarizes the principal activities of the network of State and area agencies on aging in fiscal year 1983. Section III describes the title VI program of grants to Indian tribal organizations. Section IV presents a summary of AoA's fiscal year 1983 discretionary activities under title IV, and a description of the fiscal year 1983 activities conducted under AoA's long-term care program. Section V outlines AoA's fiscal year 1983 evaluation activities. The report is followed by a series of appendixes which include additional information on the subjects covered in the body of this report.

SECTION I. THE ADMINISTRATION ON AGING

ROLE AND FUNCTION OF AOA

The Administration on Aging is located within the Office of Human Development Services in the Department of Health and Human Services (DHHS). It consists of a total of 232 employees: Central office in Washington, D.C., is staffed by 111 permanent, full-time employees, and the 10 regional offices are staffed by 121 permanent, full-time employees. Title II of the Older Americans Act, as amended, describes the basic roles and functions of AoA. Chief among these are to administer the programs authorized by Congress under titles III, IV, and VI of the act, and to serve as an effective and visible advocate for older persons within the department and with other agencies and organizations, as mandated under title II.

The AoA regionsl offices provide direction and guidance to the State agencies on aging funded under title III, and assistance to Governors and other State officials with planning and program implementation, approve title III State plans, and monitor the collection of title III performance data. Regional offices also administer selected discretionary grants, including some model projects and training grants authorized under title IV.

AoA provides advice, assistance, and consultation to the Assistant Secretary for Human Development Services, the Secretary of the Department of Health and Human Services, other Federal agencies, and to Congress on the characteristics, circumstances, needs, and resourcefulness of older persons. It also reviews and comments on departmental policies and regulations concerning services which affect the health and general well-being of older persons.

A major effort by the Administration on Aging at the Federal level has been the development and implementation of cooperative arrangements with other Federal agencies and private organizations to foster the coordination of Federal programs related to the purposes of the Older Americans Act. The following examples are typical of the formal interagency agreements developed to achieve this purpose.

U.S. Department of Agriculture/Farmers Home Administration.—Under an agreement initiated in fiscal year 1979 and continuing through fiscal year 1983, the

Farmers Home Administration (FmHA) is working with AoA to increase the availability of congregate housing and services to rural older persons. FmHA has agreed to support construction of congregate housing facilities at 10 demonstration sites, while AoA agreed to assist in financing of supportive services.

Department of Housing and Urban Development (HUD).—Since 1980, AoA and HUD have supported a contract for an evaluation of the congregate housing program. The evaluation examines the financial requirements and implications of congregate housing as well as service delivery strategies. The evaluation effort is scheduled for completion in 1984.

Department of Education.—In fiscal year 1982, AoA entered into an agreement with the Office of Vocational and Adult Education to develop and expand educational and vocational training opportunities for older persons. The agreement promotes improved linkages between State and area agencies on aging and network of educational institutions providing adult education for improved access by older persons to educational opportunities.

Intra-Departmental Council on Indian Affairs, Administration on Developmental Disabilities and the Administration for Native Americans.—In 1982, AoA signed an agreement to improve coordination of program efforts that enhance or extend services to more individuals without an increase in cost to individual agencies, and to effect measurable, positive impact on income security, health care and access to services for Indian older persons.

National Institute on Aging (NIA).—In conjuction with NIA AoA is continuing to support the National Archive for Computerized Data on Aging (NACDA) project at the University of Michigan. The archive acquires, documents, processes, and distributes data of interest to researchers and program planners in the field of aging.

Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Health Care Financing Administration (HCFA).—AoA has an interagency agreement with ASPE and HCFA for the development, implementation, and evaluation of the national channeling demonstration program. This agreement commits the participating agencies to continue to support the national long-term care channeling demonstration program through September 1984, which is discussed further in the Long-Term Care section of this report.

Health Resources and Services Administration (HRSA).—AoA has an interagency agreement with the Health Resources and Services Administration. The purpose of this effort is to improve the health status of older persons by increasing the number of older persons served in primary health care facilities; by increasing the amount and/or scope of services available to them; by increasing the quality of health care delivery; and by coordinating existing social and health service delivery systems operated under the auspices of AoA and the Health Services Administration.

Public Health Service.—In fiscal year 1983, AoA signed an interagency agreement with the Public Health Service for cooperative efforts aimed at promoting the health of older persons. Efforts will be focused in the areas of nutrition, physical fitness, accident prevention, and drug use and misuse.

Department of Transportation.—An agreement was signed in fiscal year 1983 with the Urban Mass Transit Administration (UMTA), Department of Transportation, to improve transportation services to the elderly. The agreement commits the two agencies to work together to improve the access of older persons to public and specialized transportation systems; to coordinate public mass transportation services and facilities with special transportation services for the elderly and handicapped; and to pool health and social services resources available to State and communities for transportation as well as to pay the operating costs for special transportation for the elderly and handicapped. In addition, UMTA and AoA will encourage joint research and technical assistance activities to promote efficient and effective transportation service provision to older persons. In fiscal year 1984, the two agencies will sponsor a forum on transportation problems of the elderly and handicapped.

American Association of Retired Persons (AARP).—This agreement calls for the continuation of the most important features of the Service Center for Aging Information (SCAN) system which was developed by AoA. These features include: making both the bibliographic and research information banks accessible for search and retrieval via an on-line interactive computer system; insuring that the bibliographic information bank is made directly accessible to the public via a major national vendor of such access; and updating the bibliographic information bank by adding data about new AoA publications and salient reports from AoA grantees.

AARP will also provide services to users of the system and maintain files describing exemplary programs at the State and local levels. Through cooperation with other organizations, the information bank of research projects, and the file of materials of interest to trainers will also be maintained and updated. The new system is expected to be operational in 1984.

In addition to the activities carried out via interagency agreements, AoA has also pursued other leadership and advocacy activities during fiscal year 1983. Examples are listed below:

—The celebration of Older Americans Month in 1983 emphasized "Older Americans: Our Keys to the Future." To highlight the President's proclamation and to celebrate the month, AoA sponsored three activities. The first activity was a kickoff celebration in Baltimore, Md. at the internationally known Waxter Center for Senior Citizens. The theme for the kickoff was "A Salute to Diversity and Long Life." The second activity was a Commissioner's forum held in Seattle, Wash., which bought together a broad cross section of leaders in the United States to consider important issues and perspectives in the field of aging. The theme for the Commissioner's forum was "Older Americans: Culture and Heritage Are Our Keys to the Future." The presentations at the Commissioner's forum in Seattle were video-taped and later during Older Americans Month AoA regional offices convened groups in their respective regions for interaction on the issues and perspectives discussed in Seattle. Third, a symposium, entitled "Developing Community-Based Coordinated Care," was held in Washington, D.C. The symposium brought together policymakers from the executive and legislative branches of government, educators, executives from national associations and others concerned with developments taking place in the field of long-term care for older persons.

—During fiscal year 1983, AoA continued supporting intergenerational activities. All 10 AoA regional offices have developed plans to promote and develop intergenerational programs which will be implemented during the coming fiscal year. AoA, Hampton Institute, and Alpha Phi Alpha, a national service fraternity, have worked together in developing five models of intergenerational activities. Training on the models developed is being given to alumni chapters of Alpha Phi Alpha. An intergenerational initiative on the promotion of Grandparents Day was successful. AoA, the Administration for Children, Youth and Families, ACTION, National Education Association, and the American Federation of Teachers joined together in encouraging their respective networks to develop community service, school-related, and other projects to celebrate Grandparents Day. Reports on events which resulted from the campaign showed innovation and creativity on the part of sponsors (often schools) and the participants (usually children).

—During fiscal year 1983, AoA worked collaboratively with the May Co. Department Stores, the University of Missouri at St. Louis, and respective area agencies on aging on the development of senior citizen clubs in department stores. Two clubs have opened, one in Baltimore (Hecht's) and a second in Cleveland (May's). The May Co. provides the space for the club in the store and services are provided in cooperation with the local area agency on aging. The development and implementation of the Older Adult Services and Information System (OASIS)—a concept of providing services in places frequented by older people is practical and unique.

—AoA continued discussions with individual foundations and regional organizations of foundations during fiscal year 1983 to discuss the characteristics and needs of the older population. As a result of one meeting in Denver the executive director of the Medical Research Foundation raised $11 million from foundations in Colorado to improve the quality of life for older persons. $5 million has been proposed as a "set-aside" to explore renovating a public building for use as senior citizen housing with service delivery facilities.

—During fiscal year 1983, AoA continued its efforts in the area of home equity conversion. Through one project a home equity conversion demand study, estate planning clinic, and drafts of Legal Practice Manual and Consumer Handbooks were completed. In a second effort a home equity conversion sale/leaseback model contract and guide was completed. AoA also sponsored a conference related to housing in Washington, D.C., on home equity conversion.

—In fiscal year 1983, AoA launched an initiative to increase the proportion of older persons employed in the aging network and private sector organizations by 10 percent. As part of a private sector effort to increase employment opportunities for older persons, the Foundation for Applied Research (FAR) and the University of Michigan will test two approaches for stimulating private sector employment of older persons. The University of Michigan is developing "idea packs" for use with private industry groups and FAR is establishing industrial councils in two sites, Detroit and Seattle.

—In fiscal year 1983, 267 carrier alert programs were operating in 37 States. This represented an increase of 90 programs and 11 States over the fiscal year 1982 operating level. AoA continued to encourage State and area agencies on aging to take part in the program which calls for participating letter carriers to monitor the mailboxes of elderly and handicapped people for accumulations of mail that might warn of sudden illness or injury. Unexplained accumulations of mail are reported to a sponsoring service agency for follow up. The program is cosponsored by the American Red Cross, the United Way of America, the National Association of Letter Carriers and the U.S. Postal Service. It continues to serve as an example of the type of public and private sector cooperation which AoA encourages for the development of comprehensive community-based services for the elderly. The carrier alert program is an example of an AoA-sponsored model project which is now being replicated nationally. The model project was conducted by the New York City Department of Aging in 1975–77.

—During fiscal year 1983, AoA worked on plans to cosponsor the third national conference of the Energy and Aging Consortium (EAC). This conference will be held in November 1983. AoA, as a member of EAC, is working to help older persons cope with rising energy costs and other energy issues. The EAC was established 3 years ago and now includes a network of 40 diverse national organizations. EAC has developed the concept of "building energy partnerships' on national, State, and local levels and between the public and private sectors to resolve energy issues in a manner that is mutually satisfying to the older consumer and the energy industries. AoA issued written guidance to State and area agencies on aging encouraging them to take the steps necessary to establish local energy and aging consortia.

SECTION II. TITLE III SUPPORTIVE AND NUTRITION SERVICES

A. TITLE III—OVERVIEW

Under title III of the Older Americans Act, the Administration on Aging annually awards grants to the States to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older individuals, to "* * * (1) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services; (2) remove individual and social barriers to economic and personal independence for older individuals; and (3) provide a continuum of care for the vulnerable elderly."

The law requires the designation of an agency within each State to be specifically responsible for carrying out the purposes of the act. This State agency on aging is required to subdivide the State into planning and service areas (PSA) and to designate for each PSA and area agency on aging (AAA). Because of their small geographic or population size, 14 States have been allowed to designate the entire State as a single PSA with the State agency performing the area agency functions. Funds are made available to the States upon approval of State plans by AoA regional offices. States then allocate funds to area agencies based upon approved area plans. Funds provided to area agencies are utilized for the administration and support of a wide range of community-based supportive and nutrition services authorized under parts B and C of title III. (All financial data presented in section III of this report are actual obligated amounts for fiscal year 1983.)

The title III activities conducted in the States during fiscal year 1983 were based upon 3-year plans approved beginning in fiscal year 1981. Four separate allocations were made to the States for (a) State agency administrative and advocacy activities; (b) supportive services and senior center operations; (c) congregate nutrition services; and (d) home-delivered meals. (See appendix II for State allotments under title III in fiscal year 1983.)

Under the Older Americans Act, the State agencies have the authority to transfer limited amounts of funds among the several title III allotments in order to better reflect their local needs and priorities. In fiscal year 1983, the net transfers were as follows: Title III–A (State administration), plus $2,266,264, which is plus 10.5 percent[1]; title III–B (supportive services), plus $18,157,108, which is plus 7.5 percent[1]; title III–C–1 (congregate meals), minus $38,315,961, which is minus 12.1 percent[1]; title III–C–2 (home-delivered meals), plus $17,892,589, which is plus 28.8 percent.[1]

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[1] Transfers as a percent of original allotments.

As reflected in the figures above, States have made considerable use of the flexibility permitted them under the law. Based on their assessments of need and local priorities, States elected to transfer approximately $38 million out of their congregate nutrition programs in order to increase their levels of investments in supportive services, home delivered meals and State administration.

(See appendix III for State allotments after transfer under title III in fiscal year 1983.)

The States made awards to the area agencies, based upon their approved area plans, to pay up to 85 percent of the costs of supportive services and senior centers and for nutrition services. In most cases, area agencies then arrange with both nonprofit and proprietary service providers to deliver nutrition and other services described in the area plan.

At the State and local level, the State and area agencies are charged with performing roles of advocacy and coordination similar to the responsibilities of AoA at the national level. They review and comment on State and community policies, programs, and issues; provide testimony at public hearings; publish reports; coordinate and provide technical assistance to other public and private agencies and organizations; and leverage resources from Federal, State, and local programs as well as private charitable and business resources.

More specifically, title III of the act authorizes the provision of formula grants to States to establish agencies on aging at the State and local levels responsible for planning, coordination, advocacy, resource mobilization, administration and evaluation on behalf of the older population. The general purpose of the program is to develop greater capacity at the State and local levels and foster the development of comprehensive and coordinated service systems to serve older persons. The title III program has evolved from a relatively simple and straightforward program of over 1,500 community service projects for older persons administered by 57 State units on aging into a complex and highly differentiated "national network on aging" of 719 State and local level agencies on aging and 25,000 local nutrition and supportive service providers. These nutrition and supportive service providers are local, public, private, and voluntary organizations which deliver the direct services to older persons in their communities. Not only do the State units and area agencies use title III moneys to provide services but these agencies are instrumental in leveraging other public and private moneys (for example, title XX, title XIX, and United Way funds) in supporting the needs of older persons.

In fiscal year 1983, AoA continued implementation of initiatives to help State and area agencies position themselves to meet increased demands for services at a time when economic recovery depends upon restraint in Federal and State expenditures.

The first initiative is intended to increase voluntary contributions from program participants. Title III regulations require that each service provider must "provide each older person [receiving services] with a full and free opportunity to contribute toward the cost of the service." The amount of such contributions rose from $79 million in fiscal year 1981 to $100.8 million in fiscal year 1982, and increased further to an estimated $117.3 million in fiscal year 1983.

The second initiative is aimed at improving the financial management systems of State and area agencies. An important component of this initiative is the promotion of performance-based contracting as a means of reducing costs and/or increasing services under title III. During fiscal year 1983, 13 additional States were targeted to promote this type of contracting, bring the total number of States targeted during fiscal year 1982 and fiscal year 1983 to 26.

Activities undertaken in fiscal year 1983 by State agencies to promote performance-based contracting varied from State to State. The range of activities included:

—Analysis by the State Agency of various aspects of performance-based contracting.

—Establishment of a statewide task force to develop a plan for implementing this form of contracting.

—Training for State agency and area agency staffs by a consulting firm or by network personnel experienced in this form of contracting.

—Dissemination of technical assistance materials such as model contracts and definitions of service units to area agencies and providers.

—Implementation of performance-based contracting by some or all area agencies for some or all services; and

—Evaluation by State agency staff or consulting firm of performance-based contracting in areas where this form of contracting has been used.

The nutrition services productivity initiative is aimed at obtaining a better rate of return of Federal dollars invested in both the congregate and home-delivered meals programs by: (1) Obtaining additional Federal and non-Federal resources to produce more meals, and (2) implementing improved management strategies and practices to reduce meal costs.

Many States have employed various innovative approaches to increase productivity. Some of these successful approaches have been: (1) The consolidation of meal sites; (2) efficient use of U.S. Department of Agriculture (USDA) commodities and cash reimbursements; (3) increasing levels of program income generated; (4) utilization of volunteers; (5) establishing strict performance criteria for service providers; (6) training in various aspects of program management; and (7) the expanded use of high technology (e.g., computers).

Examples of State agency activities to improve nutrition productivity include:

—The State of Alaska adopted regulations permitting the consumption of fish and wild game at nutrition sites if these products are certified by the State's Department of Environmental Conservation as having been dressed, butchered, and stored properly.

—The Bureau of Maine's Elderly entered into a partnership with an employment training program in fish processing which resulted in the free delivery of 5,000 pounds of fresh and frozen fish products to three area agencies.

—The New York City Department for the Aging is participating in a fund-raising program with representatives of the food services and entertainment industries. The program, which last year raised $590,000 for home-delivered meals on weekends, has received advertising money from such sponsors as participating restaurants, the Sweet and Low Co., and the American Express Co.

—In Massachusetts, the John Hancock Insurance Co. is cooperating with the Boston Area Agency on Aging by providing evening meals to older persons in its employee cafeteria.

In fiscal year 1983, the AoA completed a major evaluation effort: a longitudinal study of the title III nutrition program's development over a 6-year period. Study findings in the report entitled, "An Evaluation of the Nutrition Services for the Elderly," show that in the congregate meal program three-fourths of the participants may be considered priority participants by virtue of: (a) advanced age (41 percent are 75-plus; the average age is 73; (b) low-income (52 percent are below $6,000 per year; 75 percent are below $10,000 per year); (c) social isolation (55 percent live alone; 66 percent are single); and (d) minority status (19 percent are racial and ethnic minorities).

As compared with congregate meal participants, the participants in the home-delivered meals program are older (average age is 78 years), poorer (65 percent are below $6,000 per year income level), and are in poorer health.

The study findings show that nutrition services do achieve a principal goal of enhancing dietary intake. For example, calcium intake, in particular, is substantially increased by program participation. Participants ranked the social benefits of the program more important than the meal. Recipients of the home-delivered meals also value the social contact by meal delivery personnel. Further, study findings show that participants who use supportive services (e.g., shopping assistance, medical assistance and referral) are those who tend to most need them.

B. STATE AGENCIES ON AGING

Fifty-seven States and other jurisdictions receive support under title III of the act. In fiscal year 1983, all States and jurisdictions operated under 3-year plans. The 1981 amendments to the act provide greater flexibility to State agencies by permitting them to elect durations of 2, 3, or 4 years for State and area plans. During fiscal year 1983 none of the State agencies exercised their option by changing to either a 2- or 4-year planning cycle.

State agencies are organizationally located in State governments either as independent agencies reporting directly to the Governor, or as components of larger human services agencies. In fiscal year 1983, there was a total of about 1,700 persons on the staff of State agencies, including about 160 older persons. States have established a total of 665 planning and service areas throughout the Nation.

In fiscal year 1983, States expended $34.9 million of title III and matching funds for State agency activities. The activities undertaken include advocacy, provision of assistance to area agencies, and development of the State plan.

In addition, State agencies used $3.8 million of title III–B (supportive services) funds to establish and maintain long-term care ombudsman programs. The 1981 amendments to the act required States to extend their services and protection of older persons to residents of certain types of boarding homes. Through their ombudsman programs, States have addressed such issues as nursing home regulations, abuse of residents' personal funds, and restrictions on access to nursing homes.

During fiscal year 1983, AoA compiled the State ombudsman reports for fiscal year 1982. The compiled national report, AoA's second summary report on the nationwide ombudsman program shows that the rapid growth in the number of substate ombudsman programs reported for fiscal year 1981 continued in fiscal year 1982. There was a net increase of 31 local or regional ombudsman programs, bringing the nationwide total from 472 in fiscal year 1981 to 503 in fiscal year 1982. Of the 52 State ombudsman programs, 41 had designated substate ombudsman programs, and most of the 11 States without substate programs reported other means of providing statewide ombudsman coverage. Sixty percent of the local programs were funded at levels above $5,000. Area agencies on aging were by far the most frequent sponsors of local programs.

The total ombudsman program funding in fiscal year 1982 was $10.4 million,[1] an increase of $951,815 or 10.1 percent over the total $9.5 million reported for fiscal year 1981. Over $600,000 of this increase was due to an increase in the commitment of title III-B funds to the ombudsman program on the part of State and area agencies on aging. The national average percentage of State title III-B funds which the States reported spending on ombudsman activities was 2.2 percent.

Nationwide, over 4,000 people worked on the ombudsman program in 1982. Over 400 professional staff members worked full time on the program, and another 441 professionals worked part time. The number of volunteers serving the program in fiscal year 1982 was 3,252, almost double the number reported for fiscal year 1981.

As of October 1983, 18 States had reported that they had enacted State legislation which provides specific State authorities for their ombudsman programs. Legislation had been developed in numerous other States, and momentum in several States was developing for its enactment. In fiscal year 1982, ombudsman programs in 13 States were located outside of the State agency on aging, usually for the purpose of increasing the independence and/or authority for the program.

A total of 40,727 complaints were received and documented by ombudsmen nationwide during fiscal year 1982. The national average of complaints verified was 71 percent, and the average of verified complaints which were reported as resolved was 85.4 percent. A five-State sample of types of complaints indicated that the five most frequent specific complaints involved medicaid eligibility and reimbursement, guardianship, inadequate hygiene care for residents, family problems, and lost or stolen personal possessions.

In addition to their major responsibilities regarding State plan development, designation of planning and service areas, and funding of area agencies on aging, State agencies on aging initiate collaborative efforts with other State agencies for system development and coordination of services, initiate proposals for state legislative changes, and develop programs to improve the lives of older persons. Examples of selected activities are presented below:

—A pharmaceutical assistant program for the elderly was established by the State legislature in Pennsylvania. The program is administered by the Pennsylvania Department of Aging. The program enables low- and moderate-income older persons to purchase needed drugs with a $4 copayment.

—A number of State units of aging, for example, Florida, Utah, Oregon, and Wisconsin, have been actively involved in establishing and implementing medicaid waivers for the provision of community-based care in their States. These waivers are intended to prevent unnecessary and premature institutionalization of older persons.

—The Idaho Department on aging, along with a number of other State units on aging, will be administering the 3 precent setaside for older workers of the Job Training Partnership Act. Through contracts with the area agencies on aging, recruitment and selection, workshops for individuals with special needs, on-the-job training in the private sector, and job development followup and evaluation will be provided to eligible older workers.

—The Missouri Division of Aging, jointly with two area agencies on aging, initiated a small business micro-computer demonstration project. The project is designed to create second career training opportunities for persons 55-plus in the field of micro-computer application.

—The New Jersey Division on Aging and the State Pharmaceutical Association have implemented a geriatric patient drug counseling program in seven county Offices on aging. Retired pharmacists are being trained to be drug educators for the elderly, providing one-on-one counseling to older consumers at title III nutrition sites and State housing projects.

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[1] In addition to title III-B funds, States and local governments use moneys from other sources, for example, State taxes and funds from private and nonprofit sources.

—The West Virginia State Office on Aging is working with staff of region III, AoA, and Temple University to conduct intergenerational workshops in the State's 55 counties. In each workshop, administrators, educators, and practitioners in the field of aging will serve as catalysts to establish intergenerational task forces and develop plans to establish at least one intergenerational program in each of the 55 counties.

—The Rhode Island Department of Elderly Affairs has instituted a "traveling crime prevention program" to inform older persons throughout the State about fraud and "con" games to which they may be vulnerable. The program is being staffed by the State office and aging, the district attorney, and local police departments throughout Rhode Island.

—The State office on aging in Puerto Rico has entered into a cooperative agreement with the Veterans Administration which provides for the exchange of staff and service resource information. Staff of both the Veterans Administration and the State office on aging receive ongoing training to determine the most appropriate services for both veterans and nonveterans throughout Puerto Rico. Physicians, nurses, nutritionists, and aging specialists at all levels are participating in this program.

—The New Jersey State Division on Aging has entered into an agreement with the New Jersey State Bar Association to produce a guide to New Jersey laws which affect the well-being of the elderly. The State bar association will develop and produce informational materials regarding common legal issues and problems affecting the elderly. The materials will be provided to New Jersey's 21 area agencies on aging for distribution to older persons and service providers having regular contact with the elderly.

C. AREA AGENCIES ON AGING

In fiscal year 1983, there were 662 area agencies on aging operating under title III of the act. (As of the end of fiscal year 1983, there were 665 planning and service areas. This difference was because State agencies on aging had assumed temporary responsibility for operating service programs under title III in several planning and service areas.) An area agency on aging may be a public or private organization, an Indian tribe, or a sub-State regional body. Area agencies have the major responsibility for the administration of funds for title III-B supportive services and title III-C nutrition services. Area agencies receive their funds from the State agency and then award grants and contracts to local supportive and nutrition service providers under an approved area plan. Area agencies are responsible for providing technical assistance to, and monitoring the effectiveness and efficiency of, their respective service providers. Through their coordination and planning activities area agencies address the concerns of older persons at the community level in their area. Area agencies interact with other local public and private agencies and organizations in order to coordinate their respective activities and elicit or "leverage" additional resources to be used on behalf of older persons.

In fiscal year 1983, there was a total of about 10,700 persons on the staffs of area agencies, includingt about 2,900 older persons. The staffs are augmented by approximately 71,100 volunteers throughout the Nation.

Area agencies and single planning and service areas received a total of $614.4 million of title III funds during fiscal year 1983. Of this amount $569.6 million was used for supportive and nutrition services and $44.8 million was spent for administrative purposes. Area agencies augmented their title III funds through eliciting $704.6 million in support from other Federal, State, and community sources, an increase of 22 percent from fiscal year 1982.

Title III-B supportive services are designed to provide assistance to those older persons in need. Most supportive services fall in three broad categories: access services, in-home services, and other community and neighborhood services. Access services include transportation, outreach, escort services, information and referral. In-home services include housekeeping, personal care, chore, visiting, and telephone reassurance. Other community and neighborhood services are, for example, residential repair, alteration and repair, health services, physical fitness programs, and preretirement and second career counseling.

Area agencies used a total of $230.7 million [2] for title III-B supportive services during fiscal year 1983. The total number of older persons served in fiscal year 1983 by these services is estimated at 9.1 million persons. This includes approximately 1.2 million minority (14 percent) and 4.2 million (46 percent) low-income older persons. A total of about 8,200 providers participated in the delivery of supportive services to these 9.1 million older persons.

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[2] State agencies on aging used an additional $3.8 million of title III-B supportive services funds to establish and maintain long-term care ombudsman programs.

Area agencies used $338.9 million of title III-C for nutrition services in fiscal year 1983—$264.1 million for congregate nutrition programs and $74.8 million for home-delivered nutrition services. The nutrition services programs served an estimated 203 million meals during fiscal year 1983 (including meals supported by, but not limited to: Title XX—social services block grant, other non-AoA Federal funds, prior year title III funds, and other State/local funds not included as part of fiscal year 1983 title III matching amounts). Approximately 3.4 million older persons were served, including an estimated 1.9 million low-income (56 percent) and 595,000 minority older persons (18 percent).

Title III-C nutrition services were provided to approximately 2.8 million persons over 60 and their spouses at about 13,100 congregate nutrition sites throughout the country. These sites employed about 22,800 paid staff and about 199,000 volunteers. An estimated 588,000 persons received home-delivered nutrition services from about 6,300 providers who employed about 13,200 paid staff and 102,000 volunteers.

In addition to managing the title III programs in their communities, area agencies on aging work with the State agencies on aging and other organizations in their communities in developing and implementing service development programs. Examples of selected activities are presented below:

—The New York City Department for the Aging has established 24-hour access to community and emergency services program. Older persons are being equipped with electronic devices which contain red buttons which may be depressed when an emergency situation arises. Depressing the red button triggers a call to a 24-hour emergency response center which contains pertinent medical information regarding each of the older persons carrying such devices. The response center immediately responds to such emergency calls by telephoning the information through direct hook-ups to local hospitals.

—Several area agencies on aging in Texas are recruiting elderly retired executives, blue-collar workers, professionals, and clerical staff to identify and help provide solutions to problems in their communities as a result of a "think tank" program initiated by the Texas Department on Aging. Because of the program's success, "think tank" programs are being implemented in all area agencies throughout the State.

—The Philadelphia Area Agency on Aging has begun a national minorities service project to conduct a secondary analysis of the 1980 census data on 10 ethnic subpopulations and to use the results to develop a position paper outlining service issues and policy recommendations regarding the provision of services to minority older persons. The project will be conducted by the area agency in conjunction with the Mid-Atlantic Long-Term Care Gerontology Center, Temple University.

—The Panhandle Area Agency on Aging located in Amarillo, Tex., developed a community foundation where the elderly can will property and donate contributions to sustain all senior centers in the planning and service area. The long-range goal is to make senior centers self-supporting.

—Two title III funded day care centers in Sarasota and Venice, Fla., are being staffed and operated entirely by older volunteers. The day care centers are designed exclusively for the frail elderly.

—In Tennessee, a nutrition service provider implemented a Pac-Meal program in which one hot meal and groceries for four other meals are delivered weekly to the isolated, rural homebound elderly in Fayette and Tipton Counties. Professional nutritionists carefully plan menus for the week's meals and include them with the food. Workers who deliver meals to the blind homebound elderly describe the assembly of meals to them.

SECTION III. TITLE VI GRANTS TO INDIAN TRIBES

The purpose of the title VI program is to promote the delivery of nutritional and supportive services for older Indians, comparable to services provided under title III of the act. Title VI allows federally recognized Indian tribes to apply to the Administration on Aging for direct Federal funding. Although title VI-funded services must conform with some title III requirements, title VI allows flexibility to tribal organizations to tailor services responsive to Indian customs and cultures. This program started in fiscal year 1980.

The Older Americans Act Amendments of 1981 effected serveral changes in title VI, including:

(1) Deletion of the requirement that persons served must be age 60 or older. An "older Indian" may now be defined by each tribe, and about half the tribes have established the age of 50 or 55 as the minimum age eligibility.

Age:	Number of Tribes
60+	41
55+	35
50+	8
45+	1
Total	[1] 85

[1] Two of the 83 title VI grantees have different definitions of age eligibility in their tribes related to the type of service.

(2) Clarification that nutrition services must continue to be made available, but need not be provided with title VI funds. Funds from other sources, except title III, may be used. Nurtition services must be in compliance with the provisions of title III.

(3) Clarification that information and referral services must be provided, but need not be financed with title VI funds if other funds are available.

(4) Provision that legal and ombudsman services are now optional. However, when these services are provided, they must substantially comply with title III requirements.

The tribes devoted 65 percent of the title VI funds to congregate and home-delivered meals. During fiscal year 1983, a service data report was published covering the first 2 program years (ending September 1982). (This report covered 84 tribes. One tribe decided not to continue in the title VI program after fiscal year 1982.) The service data report included the following:

(a) The number of meals provided under the title VI program (from all sources of funds) increased from 761,855 to 1,011,912 meals from the first to the second years.

(b) The number of units of supportive service (e.g., transportation, information and referral, homemaker, legal and ombudsman) increased from 397,097 to 607,054 units of supportive service.

(c) The number of different older Indians receiving congregate meals increased from 9,875 to 12,148, and the number of older Indians receiving home-delivered meals increased from 4,164 to 5,317.

(d) The number of different older Indians receiving supportive services increased from 11,092 to 12,885.

(e) In the second program year the estimated full-time equivalent number of staff members (paid from title VI funds) was 3.3 persons per tribe.

During fiscal year 1983, AoA continued to implement a system for program monitoring and financial reporting that paralleled the system used in title III. AoA also continued to administer a contract under its title IV–A education and training program to provide training and technical assistance to the tribal organizations for the administration of their grants.

During fiscal year 1983, AoA was conducting an evaluation of the title VI program. The objectives of these evaluation are to determine to what extent title VI and its regulations have been implemented; to identify help and hindrances to the program; to assess client and provider satisfaction; and to recommend improvements at project, tribal, and national levels of the program. This evaluation will be completed in early fiscal year 1984.

The title VI program participated in the OHDS Cooperative Management Initiative (CMI), an initiative to promote increased tribal control over Federal Indian programs and to promote program management through a more efficient use of resources. The OHDS agencies involved are the Administration on Aging, the Administration for Children, Youth and Families, and the Administration for Native Americans. The six tribes which were in the CMI in fiscal year 1982 continued in fiscal year 1983, and eight more title VI tribes decided to join this effort by September 30, 1983.

The 83 title VI grantees received a total of $5.735 million under title VI in fiscal year 1983. (See appendix IV for summary and listing of fiscal year 1983 title VI grantees.)

SECTION IV. AoA DISCRETIONARY PROGRAMS

INTRODUCTION

Title IV of the Older Americans Act, as amended, authorizes a program of discretionary grants and contracts to support training and education, research and demonstration, and other activities. The primary purpose of these activities is to develop the necessary knowledge and information base to assist AoA and the State and area agencies on aging to carry out the goals, objectives, and program services set forth in the act. A total of $22,175,000 was available to support those efforts during fiscal year 1983. This section describes the AoA activities during fiscal year 1983 for title IV, part A—education and training, and part B—research, demonstrations, and other activities. This section also included a description of the major long-term care initiatives undertaken by AoA in fiscal year 1983. (Appendix V contains a summary of the discretionary budget.)

The Administration on Aging participated in the Office of Human Development Services fiscal year 1983 coordinated discretionary funds program. This program provides opportunities for efforts which crosscut OHDS programs. A total of 77 new awards in the amount of $5,190,914 were made for grants in education, training, and demonstrations under this OHDS program. The Commissioner on Aging has final authority for all AoA funds allocated under this program.

(Appendix VI contains a listing of all discretionary grants and contracts operational during fiscal year 1983. This listing includes an abstract of each project.

A. TITLE IV-A—EDUCATION AND TRAINING

Section 411 of the act authorizes the award of grants and contracts to assist in recruiting persons to enter the field of aging, training volunteers and persons employed in or preparing for employment in the field of aging, to provide technical assistance, and other activities related to such training. In fiscal year 1983, a total of $5,681,497 was available to support education and training under this section of the act. A brief description of major activities is presented below:

State education and training program.—This program provides funds to each State agency on aging to support training and technical assistance to improve the knowledge, skills, and performance of State and area agency and service provider staff. States determine priority training needs and submit training plans based on their needs. States then receive grants to maintain and improve the competency of persons working in the field of aging. AoA provided support in the amount of $2,244,009 to State units on aging in fiscal year 1983.

Gerontology career preparation program.—This program is focused on the development and improvement of academic instruction programs for specialized training of personnel in human service and multidisciplinary occupations and professions that service or primarily benefit older people. In one element of this program emphasis is on activities which support curriculum and faculty development, didactic and field practicum course development and enrichment, coordination of student placement, and liaison and interchange of activities with aging agencies and service organizations. In this element of the program there were three new projects totaling $212,625, and one continuation which received $5,000 in fiscal year 1983.

A second element of this program addressed the allied professions, particularly professionals employed in the fields of housing, employment, and health, whose daily decisions impact seriously on the well-being of older persons. The activities funded under this category were designed to stimulate and support education and training within associations in these allied professions. AoA sought to stimulate professionals' interest in the needs of older persons and to promote their utilization of current knowledge. In fiscal year 1983, 28 projects were funded in the amount of $1,908,586.

A third element consists of the Historically Black Colleges and Universities (HBCU) Initiative. The purpose of this initiative is to develop innovative techniques to increase the capacity of HBCU's to provide quality self-help education to older persons in the areas of housing, employment, transportation, and health promotion. In addition, the participating schools are developing methods for establishing and maintaining linkages between HBCU's and private sector organizations. Six awards totaling $399,658 were made to HBCU's in fiscal year 1983. Four projects funded in fiscal year 1982 continued.

Technical assistance.—In fiscal year 1983, under contract with AoA, the Community Nutrition Institute of Washington, D.C., technical assistance was provided to 525 State unit on aging, area agency on aging, and local service provider staffs in: (1) Cost containment; (2) management; (3) home-delivered meals; (4) staff development; and (5) community resource development. This effort received funds in the amount of $53,254 in fiscal year 1983.

In another effort, onsite technical assistance was provided to Indian aging projects funded under title VI of the Older Americans Act. Also 3 days of training were provided to the 83 tribal grantees on the existing operations manual. In addition, the contractor developed supplemental materials for the operations manual. In fiscal year 1983, Ackco, Inc., of Boulder, Colo., received $181,435.

National continuing education and training program.—This is a multiyear national training and technical assistance program designed to develop and disseminate instructional materials, including self-instructional activities for practitioners in the field of aging. Training programs funded under this program emphasize improvements of services provided through the act. Two projects were funded in fiscal year 1983 in the amount of $320,033. One project has designed, developed, and implemented the older adult services and information system (OASIS) and the second is providing training to State unit and area agency staff on ways to increase project efficiency and increasing contributions from project participants.

Minority management training program in aging.—The purpose of this program is to increase recruitment, training, and placement of minority individuals in the field of aging. In fiscal year 1983, AoA awarded a grant in the amount of $349,897 to the National Center and Caucus on Black Aged (NCBA) for training of minority individuals (Native Americans, Hispanics, Blacks, and Asian/Pacific Americans) by placing them in participating host agencies within the aging network and private sector agencies.

Minority research associate program.—The purpose of this program is to recruit minority social scientists to conduct aging research. In fiscal year 1983, AoA supplemented by $7,000 a previously awarded grant.

B. MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

Title VI–A, section 412 of the act authorizes the award of grants to public and private nonprofit agencies, organizations, and institutions for the purpose of establishing or supporting multidisciplinary centers of gerontology, and gerontology centers of special emphasis, for example long-term care.

1. National Policy Study Centers

In fiscal year 1983, AoA continued three national policy study centers in the areas of income maintenance, health, and employment, which were originally funded in fiscal year 1980. These three national policy study centers received new funding during fiscal year 1983 of $775,149. During the past year the centers were engaged in policy analysis and development; policy research; and the preparation of personnel for undertaking work in these areas and for teaching these skills to others. Another important task was to respond to a limited number of requests from AoA for assistance. Typically, these requests involved policy analysis.

A fourth policy study center on housing received $28,501 in fiscal year 1983 to complete a comprehensive framework on housing policy issues begun in the previous year.

The subject matter, location, activities and key products for the policy centers during fiscal year 1983 are listed below:

Center on Income Maintenance located at Brandeis University.—The center in fiscal year 1983, worked on: (a) *The Relationship Between Social Security and Other Pension Benefits,* an analysis to clarify and quantify the impact of integration between social security and other pension benefits on Black and Hispanic older persons; (b) *Special Corporate Retirement Benefits,* a study of the impact of one corporation's retirement incentive scheme and development of an overview of the different structure of special corporate retirement benefits, issues involved in implementing them, and the feedback and consequences of implementation for both corporations and retirees; (c) *Access to Appropriate Services: Income, Demand, and Supply as Dimensions of Transportation Policy Development,* an analysis that focuses on the interplay of transportation demand and supply with the income status of subgroups within the older population, the comparative advantages and disadvantages of moving services versus moving people, and the profile of future policy issues that are likely to emerge in the context of demographic and economic trends; (d) *Implication of Regional Mobility for Targeting Policies to Subgroups of Older Persons,* an examination of the impact of continuing migration by older persons (particularly with respect to income and labor force participation characteristics); (e) *Issues Involved in the Implementation of Targeting Strategies,* an examination of the issues involved in choosing among the various characteristics that can be used to define subgroups for targeting; and (f) *Dissemination of the Policy Framework on Income Maintenance,* a policy framework to provide a concise overview of major issues, problems, and potential remedial actions that bear upon income maintenance policies affecting older persons.

Center on Health located at the University of California, San Francisco.—The center in fiscal year 1983, worked on: Osteoporosis/hip fracture; arthritis; sensory limitations; health promotion; low-income, isolated elderly; health maintenance organizations/social health maintenance organizations; employment, retirement and health; and board and care policies.

For each of these conditions, a literature review was undertaken, to assess causality along a variety of medical, social, environmental, and lifestyle dimensions. Existing interventions, resources, and programs designed to address the condition was inventoried and evaluated along with their actual or expected impacts on each condition. Emerging from this evaluation will be a series of specific policy options designed to address problems areas for consideration by AoA in the formulation of its health policy and research strategies.

During fiscal year 1983, the center also expanded previously prepared policy papers on exercise, nutrition, and drug education to address several additional substantive areas including: women's issues, rural issues, and minority issues.

Center on Employment located at the University of Southern California.—The Center in fiscal year 1983, worked on: (a) *Older Americans and Employment,* an employment strategy developed for and in collaboration with the Administration on Aging; (b) *Low-Income Older Workers,* an analysis of the working poor, which will include a view of this subpopulation in terms of their own self-reliance and self-sufficency; (c) *Older Workers and Productivity,* an empirical analysis of productivity differences by age using employer-based measures of productivity; and (d) *Health, Aging, and Work* (in collaboration with the Policy Study Center on Health at the University of California, San Francisco), analyses of the following issues: The demand for health and the retirement decision, work disability under conditions of improving life expectancy, age and employer health care cost, and age, health and productivity.

2. Long-Term Care Gerontology Centers

The Long-Term Care Gerontology Centers are also funded under title IV–A, Section 412. The centers are discussed in the Long-Term Care section of this report.

TITLE IV–B RESEARCH AND DEVELOPMENT

Title IV–B, section 421, research and development, authorizes funds to identify and assess new approaches and methods for improving the life circumstances of older persons. The primary objective of AoA-supported research is to develop new knowledge that will increase the capacity of State and local agencies, in both the public and private sectors, to assist older Americans in achieving and maintaining economic and personal independence. Thus, the research program emphasizes collection and analysis of information on policies and programs affecting older persons; the development of innovative programs to improve the lives of older persons; and the dissemination of these findings and results for use in serving older persons, particularly by the aging network. In fiscal year 1983, a total of $642,305 was allocated to initiate nine research and development projects and to continue one project. In addition, 20 other research and development projects were operational with funds from previous years.

These new and continuing research and development projects are categorized and described below under five priority subject areas:

Housing and living arrangements.—Two research and development projects, totaling $158,355 in this area include one to develop an elderly consumer guidebook on housing options and another to develop and apply instruments to be used in urban areas for assessing community elderly housing. Both the guidebook and assessment instruments will be disseminated widely with the purpose of increasing the housing choices of older persons.

Ongoing projects in the housing and living arrangements area cover several important subjects. In the field of congregate housing, under an interagency agreement between the Administration on Aging and the Farmers Home Administration, nine model congregate housing facilities for the elderly in selected rural sites have been established under the jointly sponsored national congregate housing program. AoA funding in prior years of the nine current projects totals $1,175,550. In addition, a project in Massachusetts at a budget level of $180,000 from last year's (fiscal year 1982) funds is examining the effectiveness of elderly congregate housing programs and the characteristics of seniors who adjust to the congregate housing setting.

In related housing areas, one project is testing the feasibility of transferring the ownership of facilities housing older persons and other residents from absentee landlords to tenant organizations or cooperatives. A second project is developing fire safety education programs for older homeowners, and a third proposed a strategy for the development of training and management tools for the managers of housing facilities designed for older occupants. These three projects were funded in prior years at a total of $225,570.

Income generation.—Three projects have been funded to develop and promote the use of home equity conversion by older persons as a means of generating needed income while continuing to live independently in their own homes. These projects have a total budget of $417,791 of which $147,000 has been awarded to fiscal year 1983 for a new project for the dissemination and utilization of educational and training materials on reverse mortgages sale leasebacks, and other home equity conversion instruments. A project that deals with developing public understanding of home equity conversion received $1,520 in fiscal year 1983 funds.

Community-based and family-based care.—Three ongoing research and development projects deal with improving community-based and family-based care for older persons. Two projects, totaling $328,281 of AoA support from last year (fiscal year 1982), focus on the Wisconsin system of long-term care for the elderly. One project analyzes the use of vouchers by older consumers in making effective choices of long-term care services.

The second project evaluates the Wisconsin community options program, which attempts to transfer substantial authority for the provision of long-term care from the State to the local level. The third project, funded previously at a level of $153,742, is developing a reliable set of measures of elder abuse for use by agencies working with older persons, along with a package of training materials in the use of the index.

Improved management of nutrition and supportive services programs.—Four new projects, totaling $232,625, were funded in fiscal year 1983 for the purpose of improving State and local management of aging projects. One is designed to evaluate the impact of a fee structure on the utilization of the Illinois community care program for the elderly. The second project will develop a decision model for targeting scarce resources on the basis of which services contribute most to the self-sufficiency of older persons. The third project is developing and implementing an evaluative framework that will provide program managers with reliable data on the functioning of an integrated service delivery network. The fourth project is testing a technology for measuring and improving the efficiency of human service programs.

Ongoing projects in this area include the support (jointly with the National Institute on Aging) of a national archieve of computerized data on aging, which received a supplemental award in fiscal year 1983 of $20,000; and an assessment of a program of human services block grants transferred to county government which received initial AoA funding in fiscal year 1982 at a level of $100,000.

Voluntarism program.—Two awards were made by AoA in fiscal year 1983 totaling $82,805 in the area of voluntarism programs which assist older persons. The first will develop a computerized data system on volunteer programs in New York City, and the second will examine the effectiveness of peer volunteers in giving assistance to partially sighted older persons.

One other continuation project in this field funded in fiscal year 1982 for $179,266 is developing, testing, and documenting effective practices for recruiting, retaining, and managing volunteers in aging services programs.

D. TITLE IV-B DEMONSTRATION AND NATIONAL IMPACT PROJECTS

Title IV-B, section 422, authorizes the award of grants or contracts to support model projects which demonstrate methods to improve the well-being and independence of older persons. The program seeks to test and demonstrate effective new mechanisms, systems, or approaches for providing and delivering services. The program is also designed to improve the coordination and quality of social and other services for older persons, to facilitate the exchange of information, and to assist in the national use of project findings. Section 424 authorizes the award of grants to provide support to State and area agencies on aging to develop and provide legal services and demonstration projects to expand or improve legal services to older persons with social or economic need. Section 425 authorizes the award of grants or contracts to support innovation and development projects of national significance which show promise of having substantial impact on the expansion or improvement of services, or multipurpose senior centers or otherwise promoting the well-being of older persons. AoA invested $7,359,146 in fiscal year 1983 to support new and continuing demonstration and national impact projects.

Fiscal year 1983 continuation projects.—In fiscal year 1983, 42 previously funded projects continued to function during all or part of the year. Thirty-two of these projects received continuation funding in fiscal year 1983. The following are examples of current projects:

—*National organizations.* Projects in this category are designed to promote a better partnership between AoA, national organizations, and the aging network to improve capacity to plan for and deliver services to underserved older persons. Four national organizations which represent minority populations received funding during fiscal year 1983. Two other awards were made to organizations serving the older population in general. These six national impact awards totaled $1,504,375 in fiscal year 1983.

—*Legal and ombudsman services.* In fiscal year 1983, AoA continued to provide grants from title IV in the amount of $2,852,020 (this amount is not included in the total shown above) to State agencies on aging to support the establishment and development of State long-term care facilities ombudsman programs. In addition, the States spent $3.8 million from their title III–B allocations to operate the State ombudsman programs. AoA also funded two legal services projects for older persons, totaling $150,000.

—*Program management improvements.* There are five projects in this area. Four projects are in their final phase of fostering the development of State and local systems for improving data collection, storage, reporting, and computerization of data pertaining to aging programs. Another project focuses on the development of management indicators to improve State administration and local service delivery. The funding level for fiscal year 1983 was $193,582.

—*Services in rural areas.* In fiscal year 1983, AoA continued support of five projects in the amount of $249,241 for services in rural areas. They are designed to demonstrate models for effective linkages, joint planning, and coordination with other local institutions and organizations. The projects will demonstrate how rural area agencies on aging can perform a catalytic role in the community and obtain support to carry out improved programs in conjunction with other public and private organizations at the local levels.

—*Voluntarism.* AoA continued to support projects to stimulate voluntarism. Two projects received continuation awards totaling $173,474 in fiscal year 1983. The first is the National Voluntary Organizations for Independent Living for the Aging (NVOILA) project, which stimulates national voluntary organizations to encourage and help their local units develop and carryout new programs to help older persons in their communities. The second project analyzed research and practice materials on volunteers and natural support systems and developed guidance for more effective use of volunteers in service to Hispanic older persons.

—*Elderly abuse and mental health.* In fiscal year 1983, AoA continued the support of the last phase of three projects which are examining the extent of elder abuse, identifying mechanisms for treatment and prevention, and exploring ways in which traditional protective services can be enhanced and coordinated with other social services to provide services for older persons who are at risk of abuse. The total funding in fiscal year 1983 was $221,893. AoA continued two projects funded previously to improve mental health services for older persons. These efforts focus on enhancing and increasing coordination between mental health and aging agencies at the State, regional, and country levels, and facilitating linkages among local providers of mental health and aging services.

—*Services to minorities.* The five projects in this area continues to focus on improving the capacity of area agencies to serve minority older populations and improve services to minority clients. These projects received additional funds in fiscal year 1983 totaling $311,935.

—*Public policy options.* The three policy options projects continued to encourage the use of government's broad powers (local, State, and Federal) to solve human service problems without relying unnecessarily on direct use of public funds. Public policy options (also referred to as "indirect services" and "governance") are a supplement to direct delivery of services. SRI International, the National Association of Counties, and the U.S. Conference of Mayors received as total of $308,509 in fiscal year 1983 to strengthen the role of State units and area agencies in implementing indirect services. Eight specific sites have been receiving technical assistance from the three organizations to develop policy options programs in the areas of housing, employment, and long-term care.

Fiscal year 1983 new projects.—Fifty-three projects, including projects funded jointly with other agencies, received awards in fiscal year 1983. The following examples indicate the types of projects undertaken:

—*Employment and income generation.* Six new projects were funded in fiscal year 1983 totaling $410,276 to increase the economic self-sufficiency of older persons. These projects focus mainly on promotion and provision of employment opportunties to enable older persons to enter or remain in the job market or to assume positions not traditionally held buy older workers.

—*Program management improvements.* AoA made 18 new awards in this general area totaling $1,511,905 in fiscal year 1983. Twelve of these awards, totaling $920,885, support the development of State and local systems for improving the collection, reporting, and utilization of data. These improvements, which generally involve the use of modern computer technology, will serve to improve targeting of resources, increase utility of information available, provide information to administrators and decisionmakers for decisions on policy, budget, administration, client tracking, and monitoring of agency performance. One of the projects will integrate uniform service definitions, as a standard, into existing computer information systems and replicate this approach as a cost-effective means of achieving compatibility in reporting. The remaining group of six awards, in the amount of $591,020, support the improvement of management practices by developing performance-based contracting and evaluation, group purchase models, cost containment in home care and service system assessment procedures.

—*Intergenerational relations.* Two projects were funded totaling $145,199 in fiscal year 1983. One project is designed to enhance the capacity of neighborhood centers to initiate and develop programs between the generations, especially with low-income, isolated, minority elderly. The other project is developing models of service-learning programs to demonstrate how nontraditional service organizations can assist in the delivery of services to the elderly.

—*Targeting resources.* In fiscal year 1983, six awards were made in the amount of $592,686, which continue AoA's past efforts to develop products and strategies for improved resources allocation and services to special populations. Examples of targeting projects funded include a consortium of organizations that is developing strategies to enable area agencies on aging to improve services to minority elderly; another project is providing assistance to States in developing microcomputer simulations of the Intra-State Funding Formula to serve persons in greatest economic or social need; and another project is focusing on visually impaired older persons by linking consumers, clinicians and the aging network at five demonstration sites.

—*Community-based and family-based care/prevention and intervention strategies.* In fiscal year 1983, six grants totaling $343,029 were awarded to projects demonstrating effective primary prevention and intervention strategies and ways to increase the use of families and informal support networks to reduce dependency on social services. These projects focus on maintaining the self-sufficiency of older persons through youth volunteers, developing models for respite care and providing hospice services.

E. LONG-TERM CARE (LTC)

The Older Americans Act assigns AoA the responsibility to participate in departmental and interdepartmental activities which concern issues of institutional and noninstitutional long-term health care services development. The 1981 amendments to the act broadened the long-term care responsibility of AoA and State and area agencies on aging to include "board and care homes" of the type covered by the "Keys Amendment" to the Social Security Act. In fiscal year 1983, AoA spent a total of $4,608,065 (including $1,890,000 for evaluation of the channeling demonstration) to initiate new projects and continue previously funded long-term care (LTC) projects.

AoA's long-term care activities support the improvement of policies, programs, and systems which enhance the opportunity for functionally impaired older persons to secure and maintain maximum indepedence and self-sufficiency. The mission addresses basic goals of the Department—to serve those most in need—as well as the goals of AoA—to insure that services or other appropriate assistance is available to those older persons in need. The major thrust of the long-term care initiatives is to help maintain older persons in the community and to the extent possible in their own homes. AoA is concerned with developing more effective and less costly solutions for problems resulting from a rapidly increasing functionally impaired older population and from the escalating costs of health care, personal care, and social services which already exceed available public resources. These initiatives support State and area agencies in planning, coordinating, and managing services intended to address the problems of highly vulnerable older persons. AoA's long-term care activities are:

1. National Long-Term Care Initiative

This departmental initiative is aimed at developing a knowledge base drawn from research studies and demonstration projects to serve as a foundation for policy and program development and capacity building at the State and local levels. AoA is participating in this initiative along with the Health Care Financing Adminstration and the Office of the Assistant Secretary for Planning and Evaluation. In fiscal year 1983, AoA supported this initiative with $1,890,000 of title III funds for the national channeling demonstration evaluation. This initiative is comprised of the following interrelated components:

a. Long-term care analysis project

(1) Report received from the Urban Institute contained an analysis and synthesis of existing LTC data to make estimates of the distribution and mix of impairments; the supply, utilization, and cost of formal and informal services; and the outcomes of LTC services.

(2) The U.S. Bureau of Census is completing the editing of the final stages of the data tapes on a national household survey to determine the incidence and extent of functional impairment among persons 65 and over, and the need, demand, and utilization of health care, personal care, and social services.

b. Channeling demonstrations

The purpose of these demonstrations is to develop organizational structures and operating procedures at the community level to match resources with identified needs for various types of continuing care. The demonstration sites are also provide technical assistance with the planning and implementation of their activities. Evaluation of process and outcomes is a major part of the demonstration effort.

The LTC channeling demonstration program is testing different models for linking older persons with appropriate types of long-term care at community-level sites. Five of these sites are experimenting with a "case management" model while another five are using a "financial control" model. These two models share a core set of functions: outreach, screening, comprehensive needs assessment, care planning, and case management (arranging for services, monitoring, and reassessment).

The two models diverge in several important respects: Their authority to arrange for services, their reliance on the existing services and public programs, and their approach to cost containment. The "case management" model, through the core functions cited above, relies on the case manager to negotiate access to existing services and to make efficient use of them. The "financial control" model, in contrast, confers authority on the case manager to authorize and purchase services out of a pool of funds without respect to many important existing program requirements, such as income eligibility. It does, however, impose strict controls on costs through caps on program and individual expenditures, and requires cost-sharing by clients with higher incomes.

The caseload target for each of the 10 channeling demonstration sites has been reached and each site is fully operational. An evaluation interim process analysis report has been published and disseminated.

2. Long-Term Care Gerontology Centers

By mobilizing the resources of a number of universities and collaborating with community-based public and private sector agencies, the centers with support from AoA undertook the following programmatic activities:

(a) Development of professinal and paraprofessional staff for the delivery of health care, personal care and other services through career and continued education and training.

(b) Development of applied and clinical research to improve conditions for the functionally impaired older persons.

(c) Development and evaluation of models for the provision of long-term care; and

(d) Information dissemination and technical assistance to State and local public and private agencies.

In fiscal year 1983, two more centers were funded in the amount of $699,523 which completes the plans for establishing one center for each of the 10 DHHS regions. The two centers are the University of Utah at Salt Lake City (region VIII) and the University of Texas at Dallas (region VI). In addition four centers were refunded at a total of $2,018,542.

Each of the LTC gerontology centers is serving as a resource in its respective region for State and local public and private agencies engaged in or planning services to functionally impaired older persons in their homes and in alternative living arrangements, including institutions. The centers are establishing a two-way working relationship with State and area agencies in planning for, development of, or changes to existing long-tem care systems. As a part of this effort, the centers are providing technical assistance to the aging network on long-term care issues and concerns.

Through research, education, and service activities involving university faculty, agency planners, managers and paractitioners, these centers assist their local community, State and region in developing and implementing more cost-effective and efficient long-term care policies, programs and systems. Centers serve as major resources to State and community agencies in efforts to address the long-term care needs of older persons.

Many of the long-term care gerontology centers have been involved in developing new approaches to address the problems of Alzheimer's disease. In particular, the centers have been active in the development of model support group for families and for the development of a model to train service providers to work with caregivers of dementia patients. Several research effors have begun to look at the impact of Alzheimer's disease and related dementias on the role of the family. Other efforts include the establishment of a network of Alzheimer's support groups and a forum to facilitate information exchange in Alzheimer's disease among lay and professional people.

SECTION V—EVALUATION

Section 206 of the act provides for the evaluation of the impact of all programs authorized by the act. AoA's evaluation program in fiscal year 1983 involved the continuation of projects that were funded in prior years. The following is a brief description of these evaluation activities:

Longitudinal evaluation of the nutritional program.—This project, which was funded during prior fiscal years, was a national longitudinal study of nutrition services provided under title III of the act. The study: (a) Assessed the utilization of nutrition and supportive services by program participants; (b) evaluated the operations, activities, and environments of congregate nutrition projects and meal sites, as well as, home-delivered meals; (c) identified program characteristics and other factors that influenced the composition of the participant population, the frequency of their participation and the benefits they received; and (d) provided information relative to participants' dietary status, degree of isolation, and capacity for independent living. This evaluation effort was completed in the spring of 1983. A brief discussion of study findings are discussed in section II of this report.

Evaluation of State education and training program.—This study, initiated and funded in fiscal year 1981 and completed this year, determined how the program is performing in terms of agreed-upon objectives and performance indicators. The evaluation concluded that the program was very successful in providing training to workers employed in the aging network. An estimated 11 percent of the aging network work force received training in the year surveyed (fiscal year 1982). A sample survey of those workers participating in sponsored training showed 88 percent judged the training to be relevant to their jobs.

Evaluation of title VI grants to Indian tribes.—This study funded in fiscal year 1982 is scheduled for completion in early fiscal year 1984. The objectives of the evaluation are to determine to what extent title VI and its regulations have been implemented; to identify helps and hindrances to the program; to assess client and provider satisfaction; and to recommend improvements at project, tribal and national levels of the program. During fiscal year 1983, descriptive and quantitative information was gathered by reviewing documentation of grantee files and performing case studies of 12 programs.

Evaluation of LTC channeling demonstrations.—This evaluation is discussed in the long-term care section of this report.

CONCLUSION

This report contains a comprehensive overview of the activities undertaken by the Administration on Aging during fiscal year 1983. It highlights leadership and advocacy efforts; provides descriptions and data on titles III and IV; outlines AoA's discretionary program of training, research and demonstration including long-term care; and describes AoA's evaluation activities.

APPENDIX I

FY 1983 BUDGET
ADMINISTRATION ON AGING

State and Area Agency Activities 1/	$ 21,673,000
Supportive Services & Senior Centers 1/2/	240,869,000
Nutrition Services 1/	381,099,000
Congregate Nutrition Services 2/	(319,074,000)
Home-delivered Nutrition Services	(62,025,000)
Grants to Indian Tribes	5,735,000
Training, Research & Discretionary Programs and Projects	22,175,000
TOTAL	$671,551,000

1/ Up to 8.5% of the funds for Supportive Services and Senior Centers, and for Nutrition Services, may be used for Area Agency Activities.

2/ These figures include amounts for American Samoa not shown on allotment tables (Appendixes II and III) which meet the "hold harmless" provision of the Older Americans Act. The figure for congregate nutrition services also includes about $1.2 million which were set aside for program evaluation purposes and which are also not included in the allotment tables.

APPENDIX II

FY 1983 STATE ALLOTMENT AMOUNTS UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

13.633,5

PI-83-3

P.L. 97-377

State	Population 60+ July 1, 1981 IM-82-29 % Dist. Factor	Part A State Admin.	Part B Supportive Services	Part C1 Congregate Meals	Part C2 Home Delivered Meals
ALABAMA	1.68524	300000.	3899068.	5146430.	1005400.
ALASKA	0.05680	300000.	1202703.	1587463.	310125.
ARIZONA	1.22702	300000.	2838922.	3747129.	732035.
ARKANSAS	1.16187	300000.	2688172.	3548153.	693163.
CALIFORNIA	9.56180	1475324.	22122786.	29200181.	5704507.
COLORADO	0.98038	300000.	2268264.	2993910.	584887.
CONNECTICUT	1.45082	300000.	3356708.	4430561.	865549.
DELAWARE	0.24104	300000.	1202703.	1587463.	310125.
DIST OF COLUMBIA	0.28004	300000.	1202703.	1587463.	310125.
FLORIDA	6.37278	983278.	14744466.	19461405.	3801958.
GEORGIA	2.04698	315835.	4736019.	6251132.	1221214.
HAWAII	0.32550	300000.	1202703.	1587463.	310125.
IDAHO	0.36923	300000.	1202703.	1587463.	310125.
ILLINOIS	4.87105	751572.	11269981.	14875391.	2906039.
INDIANA	2.25808	348407.	5224444.	6895809.	1347157.
IOWA	1.42343	300000.	3293342.	4346924.	849210.
KANSAS	1.13300	300000.	2621371.	3459960.	675938.
KENTUCKY	1.54976	300000.	3585623.	4732709.	924577.
LOUISIANA	1.57067	300000.	3634002.	4796565.	937051.
MAINE	0.52839	300000.	1222523.	1613623.	315236.
MARYLAND	1.61502	300000.	3736604.	4931991.	963508.
MASSACHUSETTS	2.76445	426537.	6396016.	8442182.	1649255.
MICHIGAN	3.61040	557061.	8353250.	11025561.	2153941.
MINNESOTA	1.78635	300000.	4133015.	5455219.	1065725.
MISSISSIPPI	1.07760	300000.	2493199.	3290805.	642885.
MISSOURI	2.39331	369272.	5537307.	7308761.	1427831.
MONTANA	0.32994	300000.	1202703.	1587463.	310125.
NEBRASKA	0.74619	300000.	1726442.	2278752.	445174.
NEVADA	0.29719	300000.	1202703.	1587463.	310125.
NEW HAMPSHIRE	0.39673	300000.	1202703.	1587463.	310125.
NEW JERSEY	3.41042	526206.	7890570.	10414863.	2034635.
NEW MEXICO	0.46472	300000.	1202703.	1587463.	310125.
NEW YORK	8.24070	1271487.	19066215.	25165739.	4916349.
NORTH CAROLINA	2.40565	371177.	5565873.	7346467.	1435197.
NORTH DAKOTA	0.29718	300000.	1202703.	1587463.	310125.
OHIO	4.57934	706562.	10595050.	13984541.	2732004.
OKLAHOMA	1.40052	300000.	3240326.	4276947.	835539.
OREGON	1.17021	300000.	2707484.	3573642.	698143.
PENNSYLVANIA	5.98119	922859.	13838461.	18265560.	3568339.
RHODE ISLAND	0.48805	300000.	1202703.	1587463.	310125.
SOUTH CAROLINA	1.16845	300000.	2703404.	3568257.	697090.
SOUTH DAKOTA	0.33371	300000.	1202703.	1587463.	310125.
TENNESSEE	1.98813	306756.	4599869.	6071425.	1186107.
TEXAS	5.33811	823636.	12350597.	16301709.	3184683.
UTAH	0.43721	300000.	1202703.	1587463.	310125.
VERMONT	0.21826	300000.	1202703.	1587463.	310125.
VIRGINIA	2.03561	314081.	4709711.	6216408.	1214430.
WASHINGTON	1.70811	300000.	3952003.	5216295.	1019050.
WEST VIRGINIA	0.90984	300000.	2105055.	2778489.	542802.
WISCONSIN	2.12549	327950.	4917676.	6490902.	1268055.
WYOMING	0.14836	300000.	1202703.	1587463.	310125.
PUERTO RICO	0.98181	300000.	2271566.	2998271.	585739.
GUAM	0.01379	75000.	601382.	793732.	155063.
TRUST TERRITORY	0.01839	75000.	601382.	793732.	155063.
VIRGIN ISLANDS	0.01920	75000.	601382.	793732.	155063.
AMERICAN SAMOA	0.00433	75000.	150339.	198433.	38766.
NORTH MARIANAS	0.00216	75000.	150339.	198433.	38766.
TOTALS	100.00000	21,673,000	240,540,663	317,492,670	62,025,000

APPENDIX III

FY 1983 STATE ALLOTMENT AMOUNTS AFTER TRANSFERS UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED - P.L. 97-377

	Part A	Part B	Part C-1	Part C-2	
	State Admin.	Supportive Services	Congregate Meals	Home-Del. Meals	
TOTALS	$23,939,264	$259,079,600	$279,513,756	$79,838,370	
REGION I	2,145,442	14,863,421	15,650,335	6,874,092	
Connecticut	366,299	3,671,778	3,460,062	1,458,082	
Maine	301,000	1,222,523	1,078,285	850,574	
Massachusetts	552,891	6,348,046	7,013,214	3,005,663	
New Hampshire	301,000	1,202,703	1,233,432	664,156	
Rhode Island	324,252	1,171,662	1,597,252	310,125	
Vermont	300,000	1,246,709	1,268,090	585,492	
REGION II	2,675,042	32,915,157	32,619,261	10,805,991	
New Jersey	682,055	8,458,220	9,768,907	1,960,391	
New York	1,648,071	21,665,929	19,166,240	7,956,913	
Puerto Rico	344,916	2,275,722	2,825,693	712,247	
Virgin Islands	0	515,286	858,421	176,440	
REGION III	2,810,323	28,646,733	32,131,976	7,938,515	
Delaware	324,252	1,307,813	1,254,494	514,732	
Dist. of Col.	301,000	1,202,703	1,589,463	310,125	
Maryland	373,802	3,837,524	4,864,065	860,274	
Pennsylvania	1,196,188	13,838,461	17,998,017	3,568,338	
Virginia	314,081	6,196,342	4,295,058	1,651,469	
West Virginia	301,000	2,263,890	2,130,879	1,033,577	
REGION IV	3,381,161	46,668,218	46,794,753	15,461,472	
Alabama	377,011	3,869,825	4,977,021	1,130,671	
Florida	1,002,577	17,258,869	15,499,426	5,230,238	
Georgia	409,377	5,692,999	4,814,749	1,609,055	
Kentucky	300,000	3,670,421	4,104,625	1,469,863	
Mississippi	301,043	2,629,156	3,052,110	747,626	
North Carolina	371,177	5,850,873	6,631,467	1,865,197	
South Carolina	311,296	2,962,822	3,179,274	818,489	
Tennessee	308,680	4,733,253	4,536,081	2,590,333	
REGION V	3,684,853	48,752,755	52,256,370	12,951,360	
Illinois	969,458	14,469,981	11,357,505	3,006,039	
Indiana	450,695	5,183,370	5,772,095	2,344,183	
Michigan	560,554	8,415,750	10,782,249	2,338,868	
Minnesota	368,728	4,136,628	5,368,178	1,084,188	
Ohio	915,830	11,477,930	12,707,752	2,926,296	
Wisconsin	419,588	5,069,096	6,268,591	1,251,786	
REGION VI	2,021,625	24,838,501	28,689,201	6,014,845	
Arkansas	301,124	3,282,557	2,630,506	1,018,425	
Louisiana	300,000	3,956,541	4,513,331	897,746	
New Mexico	295,510	1,190,694	1,550,413	304,450	
Oklahoma	301,355	3,240,326	4,278,947	835,539	
Texas	823,636	13,168,383	15,716,004	2,958,685	
REGION VII	1,303,442	13,203,002	16,889,283	3,856,093	
Iowa	330,759	3,317,882	4,268,107	876,105	
Kansas	301,096	2,621,171	3,452,362	685,556	
Missouri	371,587	5,537,307	6,890,062	1,849,258	
Nebraska	300,000	1,726,442	2,278,752	445,174	
REGION VIII	1,754,050	8,965,647	9,524,650	2,896,558	
Colorado	300,000	2,535,578	2,559,060	754,423	
Montana	301,000	1,236,295	1,394,912	471,084	
North Dakota	324,250	1,478,195	1,216,904	381,942	
South Dakota	230,000	1,202,703	1,587,463	380,125	
Utah	298,800	1,310,173	1,205,281	572,426	
Wyoming	300,000	1,202,703	1,561,030	336,558	
REGION IX	2,993,626	30,373,996	34,851,476	9,593,563	
American Samoa	75,000	478,675	289,992	328,758	
Arizona	307,877	2,865,742	3,184,529	1,338,960	
California	1,783,749	22,928,483	27,337,258	6,473,425	
Guam	75,500	765,612	648,410	136,125	
Hawaii	300,000	1,381,091	1,309,745	411,455	
Nevada	301,000	1,202,703	1,389,987	509,601	
Trust Territory	75,000	601,352	574,672	274,123	
N. MAR. IS.	75,500	150,338	116,883	121,116	
REGION X	1,169,700	9,852,170	10,106,451	3,445,881	
Alaska	301,000	1,202,703	1,351,344	548,244	
Idaho	268,700	1,244,100	1,542,194	345,297	
Oregon	300,000	2,910,661	3,135,783	934,825	
Washington	300,000	4,494,706	4,077,130	1,617,515	

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APPENDIX IV

Grants under Title VI

ADMINISTRATION ON AGING

1983 Title VI Regional Information Chart

Region	Total Title VI grants awarded by Region,	Number of Indian Tribes that received Title VI funding, by Region and State	States within Region with tribes that received Title VI funding
I	1	1	Maine
II	1	1	New York
IV	2	1	Mississippi
		1	N. Carolina
V	13	3	Michigan
		3	Minnesota
		7	Wisconsin
VI	26	14	Oklahoma
		12	N. Mexico
VII	4	1	Nebraska
		3	Kansas
VIII	13	1	Utah
		1	N. Dakota
		2	Colorado
		4	S. Dakota
		5	Montana
IX	10	1	California
		2	Nevada
		7	Arizona
X	13	1	Oregon
		1	Alaska
		2	Idaho
		9	Washington
TOTAL	83	83	

APPENDIX IV

LISTING OF TITLE VI GRANTEES
FY 1983 Funding

Indian Tribe/Grantee	FY 1983 Funds
Keweenaw Bay Indian Community* Baraga, MI	$ 63,846
Stockbridge-Munsee Community Bowler, WI	$ 68,546
Red Cliff Band of Lake Superior Chippewas Bayfield, WI	$ 63,846
Inter-Tribal Council of Michigan, Inc. Sault Ste. Marie, MI	$ 70,332
Wisconsin Winnebago Business Committee Port Edwards, WI	$ 61,966
Mississippi Band of Choctaw Indians* Philadelphia, MS	$ 75,000
Eastern Band of Cherokee Indians Qualla Indian Boundary Projects Cherokee, NC	$ 66,666
Tonawanda Band of Senecas Basom, NY	$ 63,846
Sault Ste. Marie Tribe of Chippewa Indians Sault Ste. Marie, MI	$ 68,546
Fond Du Lac Reservation Cloquet, MN	$ 70,332
Lac Courte Oreilles Hayward, WI	$ 68,546
Passamaquoddy Tribe Perry, ME	$ 63,752
Kiowa Tribe of Oklahoma* Carneigie, OK	$ 70,000
Santo Domingo Tribe Santo Domingo Pueblo, NM	$ 66,666

(* Denotes Tribes participating in OHDS Cooperative Management Initiative.)

Appendix IV

LISTING OF TITLE VI GRANTEES (cont.)
FY 1983 Funding

Indian Tribe/Grantee	FY 1983 Funds
Pueblo of Taos Taos, NM	$ 75,031
Kickapoo Tribe of Oklahoma McLoud, OK	$ 94,864
Pawnee Tribe of Oklahoma Pawnee, OK	$ 79,731
United Tribes of Kansas and S.E. Nebraska Horton, KS	$ 61,966
Otoe-Missouria Tribe Red Rock, OK	$ 70,426
Quapaw Tribe of Oklahoma Quapaw, OK	$ 71,366
Five Sandoval Indian Pueblos, Inc.* Bernalillo, NM	$ 87,500
Miami Tribe of Oklahoma Miami, OK	$ 79,731
Creek Nation of Oklahoma Okmulgee, OK	$ 94,864
Eight Northern Indian Pueblos Council San Juan Pueblo, NM	$ 63,846
The Chickasaw Nation Ada, OK	$ 65,726
Menominee Indian Tribe of Wisconsin* Keshena, WI	$ 65,632
Santa Clara Pueblo Espanola, NM	$ 65,726

Appendix IV

LISTING OF TITLE VI GRANTEES (cont.)
FY 1983 Funding

Indian Tribe/Grantee	FY 1983 Funds
Pueblo of San Juan San Juan Pueblo, NM	$ 68,546
Pueblo of Isleta Isleta, NM	$ 61,966
Seneca-Cayuga Tribe of Oklahoma Miami, OK	$ 70,332
Pueblo of Zuni* Zuni, NM	$ 87,500
Red Lake Band of Chippewa Indians Red Lake, MN	$ 73,246
Bad River Tribe Ashland, WI	$ 65,632
Seminole Nation of Oklahoma* Wewoka, OK	$ 73,246
Jicarilla Apache Tribe* Dulce, NM	$ 61,966
Osage Tribe of Oklahoma Pawhuska, OK	$ 94,864
Pueblo of Laguna* Laguna, NM	$ 68,451
Mescalero Apache Tribe Mescalero, NM	$ 65,632
Citizen Band Potawatomi Indians of Oklahoma Shawnee, OK	$ 70,426
Choctaw Nation of Oklahoma Durant, OK	$ 96,744

Appendix IV

LISTING OF TITLE VI GRANTEES (cont.)
FY 1983 Funding

Indian Tribe/Grantee	FY 1983 Funds
Omaha Tribe of Nebraska Winnebago, NE	$ 68,451
Mille Lacs Reservation Business Community Onamia, MN	$ 68,546
Cherokee Nation of Oklahoma Tahlequah, OK	$ 61,966
Flandreau Santee-Sioux Tribe Flandreau, SD	$ 63,752
Pueblo of Acoma Pueblo of Acoma, NM	$ 68,451
Confederated Salish and Kootenai Tribes Pablo, MT	$ 70,332
Prairie Band of Potawatomi Indian* Mayetta, KS	$ 61,966
Yankton Sioux Tribe Wagner, SD	$ 61,966
Northern Cheyenne Tribe Lame Deer, MT	$ 61,966
Blackfeet Tribe Browning, MT	$ 70,322
Southern Ute Community Action Programs* Ignacio, CO	$ 61,966
Uintah and Ouray Business Committee Fort Duchesne, UT	$ 68,475
Kickapoo Tribe in Kansas Horton, KS	$ 63,846

Appendix IV

LISTING OF TITLE VI GRANTEES (cont.)
FY 1983 Funding

Indian Tribe/Grantee	FY 1983 Funds
Chippewa - Cree Tribe Box Elder, MT	$ 66,666
Ute Mountain Ute Tribe Towaoc, CO	$ 66,666
Cheyenne River Sioux Tribe Eagle Butte, SD	$ 63,846
Oglala Sioux Tribal Pine Ridge, SD	$ 66,666
Assiniboine and Sioux Tribes Poplar, MT	$ 65,632
The Navajo Tribe Fort Defiance, AZ	$ 68,451
Salt River Indian Community* Scottsdale, AZ	$ 67,000
Northwest Washington Service Unit Bellingham, WA	$ 66,666
Kodiak Area Native Association Kodiak, AK	$ 70,426
Shoshone-Bannock Tribes Fort Hall, ID	$ 70,426
Hupa Health Association, Inc. Hoopa, CA	$ 68,451
White Mountain Apache Tribe Whiteriver, AZ	$ 68,546
South Puget Intertribal Planning Agency Shelton, WA	$ 66,666

Appendix IV

LISTING OF TITLE VI GRANTEES (cont.)
FY 1983 Funding

Indian Tribe/Grantee	FY 1983 Funds
Standing Rock Sioux Tribe Fort Yates, ND	$ 61,966
Papago Tribe Sells, AZ	$ 66,666
Pascua Yaqui Tribe Tucson, AZ	$ 68,546
Inter-Tribal Council of Nevada Reno, NV	$ 65,726
Confederated Tribes of the Umatilla Reservation* Pendleton, OR	$ 71,366
Yakima Indian Nation Toppenish, WA	$ 61,966
Quinault Indian Nation Taholah, WA	$ 61,966
San Carlos Apache Tribe San Carlos, AZ	$ 61,966
Muckleshoot Indian Tribe Auburn, WA	$ 65,749
Puyallup Tribal Health Authority Tacoma, WA	$ 71,366
Lummi Indian Business Council Bellingham, WA	$ 66,666
Colville Confederated Tribes* Nespelem, WA	$ 70,000
Hopi Tribal Council Kyakotsmovi, AZ	$ 71,366
Washoe Tribe of Nevada and California Gardnerville, NV	$ 61,966

Appendix IV

LISTING OF TITLE VI GRANTEES (cont.)
FY 1983 Funding

Indian Tribe/Grantee	FY 1983 Funds
Eastern Washington Indian Consortium Wellpinit, WA	$ 68,451
Nez Perce Tribe of Idaho Lapwai, ID	$ 70,449
St. Croix Tribal Council Webster, WI	$ 63,846

APPENDIX V

FY 1983 TITLE IV DISCRETIONARY BUDGET

ADMINISTRATION ON AGING

Education and Training	$ 5,681,497
Multidisciplinary Centers of Gerontology*	803,650
Research and Development	642,305
Demonstrations	7,359,146
Long-Term Care Projects	4,608,065
Legal, Protective and Ombudsman Services	2,852,020
Disaster Assistance	65,315
Miscellaneous Costs	163,002
TOTAL	$22,175,000

*Funds for the Long-Term Care Gerontology Centers are shown under Long-Term Care Projects.

APPENDIX VI

ADMINISTRATION ON AGING

LIST OF OPD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AJ1000 PROTECTION AND ADVOCACY AGENCY OF HAWAII, HONOLULU, HI A MODEL SYSTEM OF GUARDIANSHIP AND PROTECTION FOR DISABLED & ELDERLY	10/01/82- 03/31/84		$120,799 $ 35,055 (ADD)			The project will develop models for training staff and structuring systems for guardianship and advocacy for clients in need of protective services. This project is co-sponsored with the Administration for Developmental Disabilities.
90AJ1001 NATIONAL CENTER FOR STATE COURTS, WILLIAMSBURG, VA LINKING THE SOCIAL SERVICES SYSTEM AND THE CIVIL JUSTICE SYSTEM	10/01/82- 03/28/84		$143,701 $ 35,061 (ADD)			The project will develop models of inter-agency coordination to establish systems for the least restrictive alternatives in providing for protective service clients. This project is co-sponsored with the Administration for Developmental Disabilities.
90AJ1005 CITY OF NEW YORK DEPARTMENT OF HOUSING, NEW YORK, NY OWNERSHIP TRANSFER PROJECT	10/01/82- 10/31/83		$89,933 $20,000 (SS Act)			The object of this ownership transfer project is to continue the use of housing stock that is faced with foreclosure by transfering ownership to tennant organizations or cooperatives. This project is co-sponsored with the Office of Human Development Services.
90AJ1006 FULLER THEOLOGICAL SEMINARY, PASADENA, CA CHURCH BASED HUMAN SERVICES NETWORK	10/01/82- 09/30/84		$45,149 $15,000 (SS Act)			This project will establish a network of church-based human services and will demonstrate how most communities in America can provide more services of higher quality at lower cost nearer to where people live. This project is co-sponsored with the Office of Human Development Services.

LIST OF OPD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90AJ1007 COMMUNITY COUNCIL, INC., PHOENIX, AZ THE VOLUNTEERISM PROJECT	09/30/82- 02/27/84		$50,340 $22,074 (ADD) $34,146 (SS Act)			The project goal is to demonstrate methods that will substantially increase the number of volunteers in public and private non-profit human service agencies. It will design and implement a demonstration of 1) an automated data base with a centralized clearinghouse for volunteers, and 2) a public service advertising compaign. This project is co-sponsored with the Administration for Developmental Disabilities and the Office of Human Development Services.
90AJ1009 NEW YORK CITY DEPT. OF HUMAN RESOURCES, NEW YORK, NY FISCAL MANAGEMENT PRACTICES FOR COST CONTAINMENT IN HOME CARE	12/31/82- 05/31/84			$150,000 $75,000 (ADD) $44,647 (ACYF)		A consortium of five States will identify model fiscal management practices for home care that can be adopted by them and other States. This project is co-sponsored with the Administration for Developmental Disabilities and the Office of Human Development Services.
90AM0008 TEXAS DEPARTMENT OF AGING, AUSTIN, TX TEXAS MANAGEMENT INFORMATION SYSTEM	09/30/80- 12/31/83	$52,650	$18,094	$28,770		The project will develop, implement, test and evaluate a statewide management information system in the State agency on aging with the application of computer technology.
90AM0009 OHIO COMMISSION ON AGING, COLUMBUS, OH OHIO AGING SERVICES INFORMATION SYSTEM	09/30/80- 12/31/83	$85,240	$84,515	$59,065		Through the establishment of a statewide unit-cost information system, the project will build the capacity of the State and Area Agencies on Aging in Ohio to assess the performance and compliance of service providers, disseminate data on conditions of older persons and compare service reports, fiscal reports and budgets among agencies to improve aging services management.

LIST OF OPD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0011 OFFICE OF SENIOR CITIZEN'S ACTIVITIES, BIRMINGHAM, AL SERVICE DATA REPORTING SYSTEM	09/30/80- 12/31/83	$97,494	$75,000	$63,179		This project will develop in an Area Agency on Aging, a computerized client-tracking system, to be integrated with an existing fiscal system, formally linking the network of 31 service providers to the Area Agency. This is a pilot demonstration and may be extended Statewide or regionally.
90AM0015 DEPARTMENT OF SOCIAL AND HEALTH SERVICES, OLYMPIA, WA MENTAL HEALTH AND AGING SYSTEMS COORDINATION	10/01/81- 12/31/83	$100,000				This project will develop a model for effective collaboration between the aging and mental health networks in order to increase accessibility of the elderly to a full range of mental health services.
90AM0016 DEPARTMENT OF HEALTH AND REHABILITATION SERVICES, TALLAHASSEE, FL USING THE NASUA TAXONOMY FOR UNIT COST ANALYSIS	10/01/81- 12/31/83	$85,000	$15,000	$42,568		This project will demonstrate a client-based service unit-cost system using a standard taxonomy for services and cost accounting at all levels within the State. The taxonomy for services developed by NASUA and NMA will be tested by unit of service at the client level and will be implemented.

LIST OF OPD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90AM0026 SRI INTERNATIONAL, MENLO PARK, CA INDIRECT SERVICE APPROACHES TO PROBLEMS OF THE AGED	10/01/81- 06/30/84	$229,976	$95,000	$130,000		This project is designed to strengthen and expand the role of State units and area agencies in the development and implementation of alternative approaches to publicly financed services. The project will develop information on public policy options for State and area agencies; improve these agencies' understanding of public policy options as a means of addressing problems of the aged; and provide support to individual State and local network members
90AM0027 AMERICAN BAR ASSOCIATION, CHICAGO, IL NATIONAL BAR ACTIVATION FOR THE ELDERLY PROJECT	10/01/81- 11/30/83	$85,003		$70,000		The project will increase private sector involvement in the delivery of legal services to the elderly.
90AM0031 NATIONAL ASSOCIATION OF COUNTIES RESEARCH, INC., WASHINGTON, DC INDIRECT SERVICE APPROACHES TO PROBLEM OF THE AGED	10/01/81- 02/28/84	$85,315		$12,696 $75,000		The purpose of this project is to increase the knowledge of county officials about alternatives to publically funded services and to develop cooperation between county officials and State and area agencies in developing and implementing these approaches. In conjunction with SRI International and the U.S. Conference of Mayors, NACo has developed and will be disseminating information on public policy options and will be assisting four counties in demonstrating the application of these approaches to specific needs of older persons in those areas.

LIST OF OHD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0033 CONFERENCE OF MAYORS RESEARCH AND EDUCATION, WASHINGTON, DC INDIRECT SERVICE APPROACHES TO MEETING THE NEEDS OF THE ELDERLY	10/01/81- 02/28/84	$84,990		$90,813		This project is intended to strengthen the ability of Mayors and other local officials to identify and utilize alternatives to public funding for social services for older persons, and to promote linkages between local governments, the aging network and the private sector to mobilize resources to address the needs of the elderly. In conjunction with SRI International and the National Association of Counties, the Conference of Mayors has developed and will be disseminating information on public policy options and will be assisting four cities in developing and demonstrating the application of these approaches to specific problems of the elderly within those cities.
90AM0037 SUOMI COLLEGE, HANCOCK, MI VOLUNTEERISM AND THE RURAL AGING AMERICAN	09/30/82- 12/31/83		$160,450			The project goal is to demonstrate an effective model for organizing volunteers and raising support through private sector contributions. It will develop, recruit, train and strategically station corps of volunteers in 26 sites throughout a rural county.

LIST OF OPD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0040 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, DC ASSIST STATES TO DEVELOP AND APPLY A MANAGEMENT INDICATORS SYSTEM	09/30/82- 02/29/84		$345,760			This project will develop and test two sets of management indicators utilizing data in existing information systems, to serve as tools to identify and evaluate activities and performance of social service agencies.
90AM0042 WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES, MADISON, WI EXPANDING MENTAL HEALTH SERVICES TO THE ELDERLY	09/30/82- 03/30/84		$99,883			The objective of this project is to enhance and increase mental health services to the elderly through more effective coordination between mental health and aging agencies at the State, regional, and county levels. This is for the purpose of creating acceptable, accessible, cost-efficient, and replicable peer counseling models within the framework of current service systems.
90AM0043 NORTH CHARLES MENTAL HEALTH, CAMBRIDGE, MA LOCAL AND AREA WIDE INFORMATION SYSTEMS	10/01/82- 04/30/84		$112,799	$74,000		The purpose of the project is to design and test a management information system using inexpensive computer systems, including the development of guidelines and instructional materials.
90AM0047 BROOKINGS PARK HOME HEALTH AGENCY, SEDALIA, MO PRODUCTIVE EMPLOYMENT OPPORTUNITIES FOR OLDER PERSONS	03/01/83- 02/29/84			$60,000		The grantee with the cooperation of the University of Missouri is to demonstrate techniques for the development and utilization of physically limited persons in a work experience in a geriatric center

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90AM0048 CHAUTAUQUA NORTHWEST, SEATTLE, WA BUSINESS AND SENIORS: A WORKING PARTNERSHIP	03/01/83- 07/31/85			$123,671		This project is designed to create a broad partnership between commercial companies, community organizations and senior citizen groups to help each of the three deal more effectively with future problems of the aging, especially as these involve retirement, housing, and the extension of independent living. A community fair, "Senior World" will use state-of-the-art technology to bring together the "senior market" and those who sell in that market.
90AM0049 UNITED NEIGHBORHOOD CENTERS OF AMERICA, NEW YORK, NY ENHANCING THE CAPACITY OF NEIGHBORHOOD CENTERS	01/01/83 12/31/83			$60,199		This project is to enhance the capacity of UNCA affiliates to initiate and develop intergenerational activities between all age groups, with particular emphasis on low-income, isolated minority elderly.
90AM0050 FLORIDA DEPT. OF HEALTH AND REHABILITATIVE, TALLAHASSEE, FL IMPROVING PRIVATE-PUBLIC LINKAGES AND SERVICE DELIVERY	01/01/83- 12/31/83			$80,788		This project is developing a local network of public, private and voluntary participants who will collect and share information, identify available resources, and develop and implement plans of action designed to assist older people to remain independent and self sufficient.
90AM0051 AMERICAN RED CROSS, CHARLOTTESVILLE, VA INTERAGENCY HOME CARE PROJECT	01/01/83- 05/31/84			$88,325		This project is to develop a new Inter-agency Home Care Program. The Red Cross, Association for Retarded Citizens and Hospice of Piedmont will recruit and train volunteers to assist approximately 325 families with respite and other services designed to prevent or reduce institutionalization of vulnerable populations. The model will be evaluated, refined, packaged and disseminated through the tri-agency combined networks of approximately 5600 organizations.

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90AM0052 NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, DC BUILDING STRENGTH AT THE COMMUNITY LEVEL	01/01/83 12/31/83			$129,969 $2,500 (DOE) $2,500 (AoA)		Several case models and portfolios on effective management techniques including resource allocation will be compiled, analyzed and disseminated. These will serve as technical assistance materials to Area Agencies, helping them to identify and adopt management techniques which will strengthen their capacity to manage public/private resources.
90AM0053 IOWA LAKES AREA AGENCY ON AGING AUTOMATED LOW COST FISCAL AND MANAGEMENT SYSTEMS ALTERNATIVES FOR SMALL PROVIDERS	01/15/83- 01/14/84			$96,682		This project will develop accounting procedures, low cost software and technical assistance manuals on automated fiscal and management information systems for small providers of services.
90AM0054 HAMPTON INSTITUTE, NORFOLK, VA STRENGTHENING INTERGENERATIONAL EXCHANGES AND GROUP EFFORTS	03/01/83- 02/29/84			$85,000		This project will develop five service-learning programs in collaboration with alumni chapters of a national fraternity and demonstrate how non-traditional service organizations can assist in the delivery of services to the elderly.
90AM0055 FOUNDATION FOR APPLIED RESEARCH, WASHINGTON, D. C. STIMULATION OF EMPLOYMENT THROUGH INDUSTRIAL COUNCILS	03/01/83- 02/29/84			$32,100		The project is to help industrial councils stimulate employment of Older Workers in selected centers of business and industry.

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90AM0056 UNIVERSITY OF MICHIGAN, ANN ARBOR, MI STIMULATING EMPLOYMENT OPPORTUNITIES	03/01/83- 02/29/84			$67,899		This is an action project designed to help business and industry create opportunities for older workers utilizing the Older Worker Information System as a data base for dissemination and organizational activity.
90AM1 NATIONAL ASSOCIATION OF STATE UNITS ON, WASHINGTON, DC NASUA NATIONAL AGING ORGANIZATION PROJECT	11/01/79- 03/31/84	$839,199	$290,562	$114,237 $58,957 $30,000		NASUA will survey the State Units on Aging to identify, collect and analyze exemplary State policy and program innovations in the areas of service improvement, employment, housing and public/private collaboration. Reports will be disseminated about each priority area to the State Units, with on-going consultation and workshops and conferences to assist in the adaptation of specific exemplary projects.
90AJ0004 TULE RIVER TRIBE, PORTERVILLE, CALIFORNIA AGRICULTURAL ECONOMIC DEVELOPMENT PROJECT	09/01/83- 08/31/84			$40,000* $60,000 (ANA) $75,000 (UPD)		The purpose of this project is to establish small farm/small business enterprises on the Tule River Indian Reservation, which will create permanent unsubsidized employment opportunities for Indians, including older Indians, and generate revenues to fund social and community services on the Reservation.

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90AM2192 NATIONAL INDIAN COUNCIL ON AGING, ALBUQUERQUE, NM ADVOCACY TO ASSIST ACCESS OF OLDER AMERICAN INDIANS TO ENTITLEMENTS OF OLDER AMERICANS ACT	09/28/79-07/31/84	$954,984	$157,000 $4,000 (ANA)	$279,500		The project provides information and technical assistance to the Indian and non-Indian aging service network and facilitates the development of Councils composed of tribes in a State for the purpose of enhancing their ability to represent Indian concerns. It also encourages the development of Indian professionals trained in gerontology. This grant was co-sponsored with the Administration for Native Americans.
90AM2197 NATIONAL CAUCUS AND CENTER ON BLACK AGED, WASHINGTON, DC NATIONAL AGING ORGANIZATION PROJECTS PROGRAM	11/01/79-05/15/84	$799,205	$269,390	$431,590		This project addresses the problems of service needs and expansion of service utilization among indigent Black elderly, the establishment of an information resource center and the integration of NCBA operational efforts.
90AM2198 ASOCIACION NACIONAL PRO PERSONAS MAYORES, LOS ANGELES, CA PROJECT "MANO A MANO"	11/01/79-05/15/84	$797,443	$220,000	$276,700		The purpose of this project is to increase sensitivity to and identify the needs of Hispanic elders in high Hispanic population centers around the country and to work with the aging network to develop and implement models for meeting those needs. It also proposes to strengthen its resource center on Hispanic elderly.
90AM2199 NATIONAL PACIFIC ASIAN ELDERLY RESOURCE CENTER, LOS ANGELES, CA SPECIAL SERVICE FOR GROUPS, INC.,	11/01/79-10/31/83	$697,413	$19,953	$178,422		This project proposes to discover the indigenous existing support systems of P/A communities, improve service delivery systems, enhance the capability of community-based providers and develop policy recommendations. All of the above is an attempt to facilitate access to services and to involve members of the Asian Community in planning and organizational development.

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90AI184 NATIONAL COUNCIL ON THE AGING, WASHINGTON, DC NVOILA/VOLUNTARISM IN ACTION FOR AGING	08/01/77- 01/15/84	$476,777	$125,785	$145,450		The purpose of this project is to stimulate national voluntary organizations to encourage and help their local units develop and carry-out new programs to help older persons in their communities. Project will promote communication between NVOs and the Aging Network in efforts to foster self sufficiency and maintain independence among the aged.
90AI657 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, DC DEVELOPING A NATIONAL DATA BASE AND SAMPLING SYSTEM AND IMPLEMENTING UNIFORM DESCRIPTIONS OF SERVICES	09/29/78 06/14/84	$817,761	$278,000	$499,574		The project goal is to develop a nationwide aging services information system on structural and staffing characteristics of State and area agencies, services and their management and costs, and client needs. This further development will include: (1) the expansion of the use of the taxonomy to other states, (2) expansion of access to the data base and increase in availability of data, (3) insuring interface and coordination with other HDS supported systems, and (4) developing a membership fee and cost sharing structure to render the data base self-supporting.

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90OJ1008 COSSMHO, WASHINGTON, DC A SYNTHESIS AND DISSEMINATION OF RURAL AND URBAN PROGRAMS	09/30/82- 12/31/83		$55,000 $44,299 (SS Act) $30,700 (ACYF)	$28,024		The project analyzes both research and practice materials on volunteers and natural support systems and develops guidance for more effective widespread use of volunteers in service to Hispanic Older Americans. This grant was co-sponsored with the Administration for Children, Youth and Families and the Office of Human Development Services.
90OJ1009 MISSOURI DEPARTMENT OF SOCIAL SERVICES SENIOR CITIZENS DISCOUNT CARD PROGRAM	05/01/83 04/31/84			$30,000 $20,000 (SS Act)		The grantee is joining with representatives of private business to demonstrate the operation of a statewide senior citizen discount card program and to make the model available to other States. This project is co-sponsored with the Office of Human Development Services.
90PD10044 CENTER FOR HEALTH AND SOCIAL SERV. RESEARCH, INC. PASADENA, CA. DEVELOP A SOCIAL SERVICES INFORMATION WORKBOOK	12/30/82 01/01/84			$36,772 $36,772 (ADD) $73,544 (ACYF) $79,205 (SS Act)		The project will involve examination and documentation of existing state-of-the art social service management systems, development of non-technical system assessment procedures.
90AR0044 MICHIGAN OFFICE OF SERVICES TO THE AGING, LANSING, MI BUILDING TIES TO THE MENTAL HEALTH SYSTEM	09/30/82- 02/28/84		$102,500			This project proposes to facilitate interagency linkages among local providers of mental health and aging services through replicable methods of knowledge transfer and information dissemination.

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90CJ0052 COUNTY OF SAN MATEO, REDWOOD, CA CALIFORNIA COMMUNITY ORGANIZATION MANAGEMENT PROGRAM (CAL - COMP)	12/31/82- 04/30/84			$54,000 $36,000 (ADD) $135,000 (ACYF)		The CAL-COMP will implement low-cost automated agency management functions through an inter-agency collaboration. It will include fiscal management, client/service data management.
90AD0008 SOUTHCENTRAL MICHIGAN COMMISSION ON AGING, KALAMAZOO, MICHIGAN RESPITE CARE COOPERATIVES	09/30/83- 02/28/85			$60,000*		This project will provide unlimited low-cost respite care for families of impaired elderly in a 4 step process: (1) a model of respite care will be transferred from developmentally disabled populations to impaired elderly in a test group in Kalamazoo; (2) audiovisual materials will be developed for training and dissemination about the model; (3) training and recruitment workshops will be held in several sites to motivate, educate and select potential additional sites and (4) technical assistance and consultation will be provided to facilitate the development of 7 additional respite care coops in three locations within Michigan.
90AD0009 OPERATION ABLE, CHICAGO, ILLINOIS PROMOTING EMPLOYMENT OF ELDERLY THROUGH NEW COMPUTER USES	09/30/83- 02/28/85			$200,277*		This project demonstrates new applications of existing computer technology in local services to unemployed older workers. Project objectives are: (1) to increase the benefit to older workers from programs of assessment and job search training, through use of specially adapted computer-based instruction and guidance software, and (2) to stimulate a broader national role for industry and government in dissemination of software and computer implementation models which meet the special needs of older workers.

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90AM0060 MONTGOMERY HOSPICE SOCIETY, CHEVY CHASE, MARYLAND HOSPICE SERVICES FOR PATIENTS WITHOUT CAREGIVERS	09/30/83- 02/20/85			$99,150*		This project is designed to test the feasibility of providing in home care to terminally ill older persons who lack a family or primary caregiver. A package of formal and informal support services will be designed to substitute for the care usually p.ovided by a primary caregiver. Both the feasibility and costs of this method of hospice care will be evaluated. If successful, the method will have considerable impact for all older persons lacking a family support system.
90AM0061 CITY UNIVERSITY OF NEW YORK, NEW YORK, NEW YORK WIDOWER-SELF-HELP GROUPS	10/01/83- 03/01/85			$68,999*		Project proposes to compare the effectiveness of widowers only self-help groups over the effectiveness of mixed widows/widowers groups. Most mixed sex groups experience high drop-out rates for widowers. This project is seeking to ascertain the reasons for the high drop-out rate and to develop effective strategies designed to assist widowers through bereavement and readjustment processes. The project also plans to disseminate its findings through a National Self-Help Clearinghouse.
90AM0062 ONEIDA COUNTY OFFICE ON AGING, UTICA, NEW YORK VOLUNTEER INCENTIVES PROGRAM	09/30/83- 02/20/85			$50,000*		The Volunteer Incentive Program will recruit, train and place volunteer caregivers to assist the rural elderly. The project will coordinate with the business and educational communities to offer credits for volunteers. These credits can be used for discounts in stores, reduced costs of membership in fraternal organizations, and advanced education. It is premised that these credits will be an incentive to recruit and retain volunteers to provide support services to older persons.

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90AM0063 National Association for Area Agencies on Aging, Wash., D.C. GROUP PURCHASING MODELS	09/30/83- 06/29/84			$49,970*		This project will identify and examine group purchase practices that may be applicable for use by the aging network. The project will survey current group purchase practices both by Area Agencies and other organizations, and will develop best practice models that may be replicable. The results of the project will be disseminated nationally to a variety of human services agencies.
90AJ1011 COUNCIL OF JEWISH ORGANIZATIONS OF BORO PARK VOLUNTEER YOUTH VISITATION AND ACCIDENT PREVENTION	09/30/83- 12/31/84			$24,880* $24,880 (426)		This project proposes to demonstrate how a community can maintain the self-sufficiency of isolated elderly through the use of youth volunteers to assist older persons in creating a safe home environment as a way to reduce accidents that lead to greater dependence on social services. Working with a Private Sector Resource Council, home repairs will be provided at minimal cost to older persons by their peers. School credit will be given to the young persons who volunteer and will be trained to work with the isolated elderly.
90AJ1014 FLORIDA DEPT. OF HEALTH & REHAB., TALLAHASSEE, FLORIDA SHARED-DAY, HOMEBOUND AND RESPITE PROGRAM	09/30/83- 12/31/84			$40,000* $34,500 (ACYF)		This project is designed to provide services to developmentally disabled older persons and the elderly parents of developmentally disabled persons. Services will include provision of cooperatively staffed respite care for the elderly; job training for older persons; expansion of services for homebound elderly, and maximizing the use of funds for needed services to developmentally disabled older adults.

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90AD0010 NEW YORK CITY DEPT. FOR THE AGING, NEW YORK, NEW YORK PERFORMANCE BASED CONTRACTING	09/30/83- 02/28/85			$125,000*		Project will test and refine an already developed performance based contracting package for use by the Area Agency and its providers, and will provide technical assistance to help implement the system. Technical assistance materials will be disseminated to the aging network.
90AD0011 CONNECTICUT STATE DEPT. ON AGING, HARTFORD, CONNECTICUT USING PERFORMANCE EVALUATION	09/30/83- 01/31/85			$95,279*		Working with Area Agencies and Nutrition Projects, the project will establish a cost-conscious, outcome oriented program evaluation process. This will be built upon an existing management information system. The evaluation data will be integrated into the resource allocation, program planning, contracting, management and monitoring activities of the State and Area Agencies.
90DJ0014 UNIVERSITY OF ILLINOIS AT CHICAGO, CHICAGO, ILLINOIS SPECIAL PROJECTS ON THE CLOSURE OF RESIDENTIAL INSTITUTIONS SERVING HDS TARGET POPULATION	08/01/83- 12/31/84			$19,738* $60,000 (ADD)		This is a jointly funded project between AoA and ADD. The purpose of the project is to examine the impact of closures and relocations on clients, including older persons, families, and employees and to present an innovative strategy to monitor closures nationally.

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90AJ1015 NORTHAMPTON COUNTY HUMAN SERVICES DEPT., EASTON, PENNSYLVANIA FOUR COUNTY CONSORTIUM HUMAN SERVICES EVALUATION MODEL	09/30/83- 12/31/84			$15,000* $20,000 (426) $25,000 (HDS)		This project will develop and implement a systematic process to evaluate the impact of various human services on problems of high priority target client populations in four different environments, i.e. counties in Pennsylvania with different mixes of rural and urban populations.
90AJ0007 JUAREZ AND ASSOCIATES, INC., LOS ANGELES, CALIFORNIA MARKETING APPROACH TO DISSEMINATION OF MANAGEMENT INFORMATION TO COMMUNITY BASED ORGANIZATIONS	06/01/83- 07/31/84			$30,000* $40,708 (ACYF) $35,000 (ANA)		A demonstration of the use of commercial marketing techniques to develop a strategy for disseminating information about effective program and fiscal management techniques for community based organizations - including. Aging Organizations.

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90AM0058 CLACKAMAS COUNTY DPT. OF HUMAN RESOURCES, OREGON CITY, OREGON TARGETING RESOURCES FOR CONTINUUM OF CARE NEEDS	09/01/83- 08/31/84			$50,000*		The grantee will work with existing voluntary and community organizations to design a replicable service model to fill the gaps in the continuum of care available to impaired older persons. Specifically, the project will provide education and information to individuals, families, service providers, and health care providers as to the options and services available for the person no longer able to maintain independent living.
90AM0059 MIFFLIN-JUNIATA AREA AGENCY ON AGING, LEWISTOWN, PENNSYLVANIA ACCESSING EXISTING RESOURCES TO DEVELOP A RURAL ADULT.	10/01/83- 09/30/84			$17,282*		This project is designed to combine the resources of a rural community in such a way as to provide a non-traditional method of delivering adult day care services to the elderly. Because of limited transportation and the lack of any centralized industrial area, a centrally located adult day care program is not feasible. Therefore, available community resources will be used to train qualified individuals to operate adult day care homes in their private homes. Thus, the care-giving facility will be located in the community where the elderly person lives, making access to the service more convenient for all involved.

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90AD0007 NEW YORK ASSOC. FOR THE BLIND, NEW YORK, NEW YORK VISUAL IMPAIRMENT AND AGING	09/01/83- 08/31/84			$142,775*		This project is designed to link consumers, clinicians, and the aging network in targeting local resources on behalf of older persons with isual impairments. Five model sites will be used to demonstrate the efficacy of combining the interests of visual impaired older consumers with the program resources of professionals in eye/vision care and aging agencies.
90AM0064 NATIONAL ASSOC. OF AREA AGENCIES ON AGING, WASHINGTON, D.C. TARGETING SERVICES TO MINORITY ELDERLY	09/30/83- 02/28/85			$210,000*		Under this project the National Association of Area Agencies on Aging, the National Urban League, and the Coalition of Hispanic Mental Health and Human Services Organizations will together develop products and strategies that will assist Area Agencies to serve better minority older persons. Through field visits, minority sponsored community forums, and guidance from a broad based Technical Advisory Team, the project team will develop, test, revise and publish a functional, technical assistance product, "Guide to Targeting Resources and Services for At Risk Minority Older Persons," for use by Area Agencies on Aging and other human services organizations.

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90AJ1011 MASSACHUSETTS ASSOC. FOR MENTAL HEALTH, INC., BOSTON, MA. HOMELESSNESS: AN INTEGRATED APPROACH	09/30/83- 09/30/84			$35,000* $25,000 (426) $40,000 (HDS)		This project will attempt to change current public policy practice and management of services for the homeless, so that private and public sector resources are linked and retargeted to provide humane, efficient, and cost-effective services. This approach will be demonstrated throughout Greater Boston and directed at current and potentially homeless persons, including the poor, elderly, youth and families, and the developmentally disabled.
90CJ0061 HAMPTON INSTITUTE, HAMPTON, VIRGINIA TRIAD WITH YOUTHS, ELDERLY, AND STUDENTS	09/01/83- 08/31/84			$10,000* $29,326 (426) $10,000 (HDS)		This project's purpose is to train interns (students at Hampton Institute) to serve as coordinators of intergenerational projects between youth-oriented programs and the Peinsular Agency on Aging, leading toward long-term relationships between the young and the elderly.
90AJ1014 PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN, LOS ANGELES, CALIFORNIA GUARDIANSHIP CARE	09/30/83- 01/31/85			$94,803* $25,000 (426) $50,000 (HDS)		The purpose of this project is to develop a client management system to assess and monitor treatment for elderly, mentally ill persons, minors and other dependent populations who are unable to manager their own affairs. The major objective is to improve management practice through more efficient use of resources and advanced computer technology.

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90AM0067 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. STANDARD SERVICE TAXONOMY	09/30/83- 02/28/85			$169,102*		The purpose of this project is to improve the utility of information available to decision-makers at the local, state and national levels. This will be accomplished by integrating uniform service definitions, as a standard, into existing computer information systems and replicating this approach as a cost-effective means of achieving compatibility in reporting.
90AJ0005 KETCHIKAN INDIAN CORP., KETCHIKAN, AK. DEVELOPMENT OF EMPLOYMENT OPPORTUNITIES FOR OLDER INDIANS	09/1/83- 08/31/84			$20,000* $9,807 (ANA)		This pilot program is designed to increase off season employment, generatring income, and develop a self-sustaining industry for older Indians.
90AD0012 MONTANA STATE UNIVERSITY BOZEMAN, MONTANA MATCHING CLIENT NEEDS WITH SERVICE OPTIONS	09/30/83- 09/29/84			$32,241*		The purpose of this project is to develop a computer-based Statewide information dissemination system to improve services to aged clients. Using the AGNET computer system of the Cooperative Extension Service, the operating program will provide a systematic and rapid technique for referral and case management workers to match client needs with locally available service options.

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90OJ1013 NEW YORK CITY PARTNERSHIP, NEW YORK, NEW YORK SHELTER PROGRAM FOR HOMELESS	09/30/83- 09/29/84			$60,000* $65,093 (HDS)		The purpose of this project is to improve shelter and board to the City's homeless poor, through the application of business management techniques. In cooperation with the Human Resources Administration, the project will develop: 1) performance indicators, trends and goals; 2) apply private management and contracting practices to improve cost effectiveness; 3) examine feasibility of a voucher system to house clients in non-governmental shelters; and 4) develop matching, case management and referral systems.
90OJ1016 MARICOPA ASSOCIATION OF GOVERNMENTS, PHOENIX, ARIZONA DATA NETWORK FOR HUMAN SERVICES	09/30/83- 02/29/85			$10,000* $15,000 (HS) $10,000 (HDS)		The purpose of this project is to establish a common pool of information on human services to be used for planning, funding and implementation decisions. The network is being developed by a coalition of the corporate sector and State and local private and public organizations. When developed, the system will provide answers to questions on smaller populations and geographic areas to major corporate funders, mid-managers and administrators.

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90OJ1017 MECKLENBURG COUNTY DPT. OF HUMAN SERVICES PLANNING, CHARLOTTE, N.C. INFORMATION MANAGEMENT	09/30/83- 09/30/84			\$15,000* \$15,000 (426) \$21,000 (HDS)		The purpose of this project is to provide public and private human services administrators and decision-makers with a systematic information process for decisions relating to policy, budgeting, administration, client tracking and monitoring of agency performance. The result will be a simplified information system for human service agencies for coordinated allocation of resources.
90OJ1019 UNITED WAY OF AMERICA, ALEXANDRIA, VA. FLAGSHIP: A TEN CITY DATA NETWORK	09/30/83- 01/31/85			\$67,130*		The purpose of this project is to provide information on United Way Agencies to help make informed policy decisions in the light of the current flux in private and public funding streams. The system will be developed in ten local United Ways and approximately 1,300 supported agencies, gathering information from an already established data base. Aggregate analyses of the information will help local and national planning in clarifying the evolving role of the voluntary sector in human service delivery.

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90AM0068 SAN DIEGO COMMUNITY FOUNDATION, SAN DIEGO, CALIFORNIA ENHANCING COOPERATIVE PLANNING...VIA A REGIONAL HUMAN SERVICES INFORMATION SYSTEM	09/30/83- 02/28/85			$66,675*		This project will design, test, and implement a regional human services information system, including client characteristics, service delivery, service effectiveness, and utilization data. Its purpose is to: 1) improve targeting of resources; 2) reduce or eliminate duplication of data; and 3) emphasize to compatibility of existing data sources with the dissemination of information.
90CJ2005 OFFICE OF CLIENT INFORMATION SYSTEMS, TALLAHASSEE, FLORIDA USE OF CLIENT INFORMATION SYSTEMS	09/30/83- 12/31/84			$21,870* $22,000 (HS) $20,000 (426) 0 (HDS)		The purpose of this project is to enhance the utilization of an integrated State-wide Client Information System by local managers and decision-makers. Information will be provided quickly in a format that can be used easily by managers with specific questions about targeting resources and setting priorities. Products to be developed include a layman's manual and specifications to guide programmers.
90CJ1018 NH SOCIAL WELFARE COUNCIL, CONCORD, NEW HAMPSHIRE HUMAN SERVICE KNOWLEDGE SYSTEM	09/30/83- 12/31/84			$50,000* $25,000 (HS) $25,000 (426) $49,000 (HDS)		The purpose of this project is to create a common automated reference library or "knowledge system" on both social needs and service programs throughout the State which all groups can access for timely, concise information to support decision-making. The most current microcomputer technologies will be used to implement the system. Remote terminal telecommunication access will be available to all users.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90CJ1020 COMMUNITY FOUNDATION OF NEW JERSEY, ORANGE, NEW JERSEY CONSORTIUM INFORMATION SYSTEM	09/30/83- 01/31/85			$21,350* $70,000 (HDS)		The purpose of this project is to improve delivery of services and allocation of resources by developing an information system which is based on relevant, accurate in-depth data concerning residents, their needs and the resources available. Field tests with de-institutionalized mentally ill will be expanded to include compilation of data on all residents and agencies for the use of major funding and planning groups and social agencies.
90CJ1021 MONROE COUNTY, OFFICE OF THE COMMISSIONER, ROCHESTER, NEW YORK USE OF MANAGEMENT INFORMATION SYSTEMS	09/30/83- 12/10/84			$50,000* $117,000 (HDS/OPD)		This project proposes to utilize outputs of county welfare information systems to develop targeting strategies to meet the needs of multiproblem clients including older persons. By integrating data from various categorical information systems the project will identify historical case/individual service utilization profiles and will assess the effects of service delivery on client achievement of self support.
90AM0065 AMERICAN ASSOCIATION OF RETIRED PERSONS, WASHINGTON, D.C. MODEL VOLUNTEER PROTECTIVE SERVICE PROJECT - PHASE II	09/30/83- 02/28/85			$80,000		This project will continue, improve, and disseminate models for providing volunteers to serve as representative payees for isolated, vulnerable Social Security recipients. The work of these volunteers is designed to prevent the suspension of Social Security checks, elder exploitation and abuse, and premature institutionalization.

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		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90DJ0017 UNIVERSITY OF MARYLAND, BALTIMORE, MARYLAND INTERACTIVE MODEL FOR DEVELOPMENTALLY DISABLED ADULTS	09/30/83- 09/29/84			$70,000* $21,012 (ACD)		The purpose of this project is to develop an interactive community adjustment model which will effectively forecast service needs of and enable rational planning for home-based mentally retarded adults, and for the support system needed to maintain them at home.
90AM0057 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. STRENGTHENING THE EFFECTIVENESS OF STATE HUMAN SERVICE AGENCIES THROUGH THE TRANSFER OF EXISTING KNOWLEDGE AND INFORMATION	07/01/83- 11/30/84			$112,161*		The purpose of the project is to increase the effectiveness of state human service agencies through the development of a model knowledge transfer system for the dissemination and utilization of existing research, demonstration, evaluation, and training in two priority program areas.
90AJ1007 BUREAU OF SOCIAL SCIENCE RESEARCH, WASHINGTON, D.C. A DATA ARCHIVE, ANALYSIS CENTER AND TECHNICAL ASSISTANCE NETWORK	09/30/83- 09/29/84			$76,911		Under the AoA funded supplement, the Bureau of Social Science Research will provide data, technical assistance, and the results of micro-computer based simulations of Intra-State Funding Formulas (IFFs). The purpose is to improve targeting capacity of the IFFs on persons in greatest economic or social need.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90DJ0003 CONFEDERATED TRIBES OF CHEHALIS, OAKVILLE, WASHINGTON CHEHALIS TRIBAL MEDICAL CLINIC	09/01/83- 08/31/84			$30,000* $50,000 (ANA) $15,000 (HS) $15,000 (426) $60,000 (HDS)		The purpose of this project is to provide medical treatment and services through a coordinated service delivery model. This effort will establish a self-sufficient medical clinic as part of an economic development plan.
90DJ0010 WISCONSIN DEPARTMENT OF HEALTH AND HUMAN SERVICES, MADISON, WI. COMMUNITY INTEGRATION PROGRAM EVALUATION	09/30/83- 02/28/85			$23,271* $15,000* (ADD)		The purpose of this project is to evaluate the Community Integration Program which is designed to move developmentally disabled persons including older persons, from institutions to a community environment. The program consists of comprehensive case management and fiscal incentives to county agencies. The evaluation will assess the adequacy of services and fiscal incentives and the cost-effectiveness of the program.

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		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90CH666 CENTER FOR HUMAN SERVICES MANAGEMENT NEW YORK, NEW YORK MICRO-COMPUTER BASED SERVICES/ FISCAL/ADMINISTRATIVE SYSTEMS	09/30/82- 02/28/85		$216,605 (ACYF)	$320,835		This is a cross-cutting project, funded by ACYF, and coordinated by OPD. The project will develop and install micro-computer based client tracking, fiscal, and administrative application systems in 14 Area Agencies on Aging and Head Start Agencies.
90CJ54 COMMISSION FOR CHILDREN AND YOUTH, JACKSON, MS UTILIZATION OF RETIRED SENIOR CITIZENS AS CHILD DAYCARE PROVIDERS	09/30/82- 09/29/83		$13,700 $105,000 (ACYF lead)			A demonstration of the use of older people to provide day care for children using private sector techniques. This project is co-sponsored with the Administration for Children, Youth and Families.
90DJ0001 AMERICAN BAR ASSOCIATION, CHICAGO, IL BOARD AND CARE STATUTORY GUIDELINES PROJECT	09/01/82- 12/31/83		$72,700 $80,000 (ADD lead) $57,835 (SS Act) $77,197 (ACYF)			The project will develop, for board and care homes: 1) model legislation for States on standards; 2) profiles of current State legislation; 3) a report on legislative issues; and 4) a report on alternatives to licensing for enforcing standards. This project is co-sponsored with the Administration for Children, Youth and Families, the Administration for Developmental Disabilities and the Office of Human Development Services.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90A1279 THE REGENTS OF THE UNIVERSITY OF MICHIGAN, ANN ARBOR, MI SUPPORTING FACILITIES FOR RESEARCH AND POLICY DEVELOPMENT AND EVALUATION IN THE FIELD OF AGING	10/01/77- 02/28/84	$1,150,677 $285,000	$399,317 $135,000	$ 20,000 $149,938 (NIA)		This project supports and develops a national archive of computerized data on aging. The archive acquires, documents, processes, and distributes data of interest to researchers and program planners in the field of aging. This grant was co-sponsored with the National Institute on Aging.
90AJ1003 OFFICE OF PROGRAM INITIATIVES, MADISION, WI WISCONSIN VOUCHER SYSTEM INITIATIVE FOR LONG TERM SUPPORT	10/01/82- 02/28/84		$200,000 $61,000 (ADD) $48,686 (SS Act)			This research/demonstration project has been designed to respond to major public policy issues in the field of long term support. This project proposal envisions an alternative to the current system for persons with multiple, chronic disabilities, particularly frail elderly, developmentally disabled, and physically disabled persons. This project is co-sponsored with the Administration for Developmental Disabilities and the Office of Human Development Services.
90AJ1004 WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES, MADISON, WI STUDY OF THE WISCONSIN COMMUNITY OPTIONS PROGRAM	10/01/82- 01/31/84		$128,281 $29,916 (ADD)			The Wisconsin Community Options Program transfers substantial authority from the state to local level and seeks to reform the long term care delivery system currently based on categorical, fragmented programs. The purpose of this study is to provide timely lessons for state management and implementation of delivery system reforms that pursue a philosophy of decentralizing responsibility and resource control to the local level. This project is co-sponsored with the Administration for Developmental Disabilities.

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90AJ1008 SOUTH CAROLINA STATE REORGANIZATION COMMISSION, COLUMBIA, SC HUMAN SERVICES DEMONSTRATION PROJECT	12/01/83 11/30/84			$93,916 $93,914 (ACYF)		The Integrated Evaluation Systems (IES) project involves development and implementation of a state-of-the-art evaluative framework capable of providing managers and decision-makers with reliable data concerning the functioning of an entire integrated service delivery network.
R&D #1 CONSUMERS UNION FOUNDATION, INC., MT. VERNON, NEW YORK A CONSUMER GUIDEBOOK TO HOUSING OPTIONS FOR OLDER AMERICANS	07/01/83- 06/30/84			$7,000		This project will develop a guidebook that will educate older consumers about alternative living arrangements, assist consumers in entering the marketplace with a clearer understanding of how to locate, investigate, and match existing options with their personal needs and circumstances, and initiate efforts to disseminate the guidebook in cooperation with other national organizations and the media outlets of Consumers Union.
90AM0035 NEW YORK CITY FIRE DEPARTMENT, BROOKLYN, NY SENIOR CITIZEN FIRE SAFETY EDUCATION	10/01/82- 03/29/84		$140,520			The goals of this fire safety education program are to decrease the risk of death or injury by fire to the elderly populations of New York City in their homes and increase the level of fire safety awareness within nursing homes and other institutions.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AR0040 WAYNE STATE UNIVERSITY, DETROIT, MI DEVELOPING AN INDEX OF ELDER ABUSE	10/01/82- 09/30/84		$153,742			The objectives of this project are to develop a reliable and valid measure of elder abuse for use by agencies working with the elderly and to provide instructional materials in the use of the index.
90AR0041 NATIONAL CENTER FOR HOUSING MANAGEMENT, WASHINGTON, DC DEVELOPMENT OF A PROFESSIONAL HOUSING MANAGEMENT SYSTEM	09/30/82- 10/30/83		$25,017			This project will provide managers with the training and management tools necessary to support independence and maintain high quality social and physical environments. A second goal of this study is to develop the support systems, both individual and organizational, necessary to help the manager convert his or her new level of skills into operational reality. This project is co-sponsored with the Department of Housing and Urban Development using Fiscal Year 1983 funds.
90AR0042 RESEARCH TRIANGLE INSTITUTE, RESEARCH TRIANGLE PARK, NC VOLUNTEERS AND THE ELDERLY	09/30/82- 01/31/84		$179,266			The project is designed to develop, test, and document effective volunteer management practices, and to disseminate information on to others interested in starting or improving a volunteer program aiding the elderly.

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90AR0043 DEPARTMENT OF HUMAN SERVICES, AUGUSTA, ME INNOVATIVE HOME EQUITY CONVERSION	10/01/82- 01/31/84		$150,771	$1,520		This project will develop public understanding of home equity conversion, demonstrate models of conversion for low-income elderly, and provide training in conversion methods.
90AR0045 COMMONWEALTH OF MASSACHUSETTS, BOSTON, MA CONGREGATE HOUSING: HOW DOES IT WORK AND FOR WHOM DOES IT WORK BEST	09/30/82- 12/30/83		$180,000			This project will determine whether congregate housing has been successful in reducing the risk of premature institutionalization among the elderly, will provide a basis for making rational decisions about the use of program resources and will result in a design/management/service handbook.
90AR0047 CENTER FOR PARTIALLY SIGHTED, SANTA MONICA, CA OLDER PARTIALLY SIGHTED VOLUNTEER ADVOCATES AND COMMUNITY COUNSELORS IN A REHABILITATION PROGRAM FOR THE VISUALLY IMPAIRED	04/01/83 05/31/84			$72,805		This project proposes to establish a peer volunteer project within the current program of research service delivery of the Center for the Partially Sighted at the Santa Monica Hospital. The specific objectives of the project are to involve the participation of peer volunteers in the program, expand the current peer counseling program, and arrive at the most effective method of providing follow-up services to former patients.

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90AR0048 ILLINOIS DEPARTMENT OF AGING, SPRINGFIELD, ILLINOIS IMPACT OF FEE IMPOSITION ON IN-HOME CARE FOR THE ELDERLY	10/01/83- 09/30/84			$32,226*		This project will evaluate the impact of a fee structure on utilization of the State Department's Community Care Program for the elderly. Data on service use (units, costs) will be collected from a sample of 600 clients and follow-up interviews on a sub-sample of 300 will be conducted to identify the nature and extent of family resources. Comparisons between clients who must pay fees and those who do not will be made.
90AR0050 UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CTR., OKLA. CITY, OKLA. END PRODUCT ORIENTED RESOURCE TARGETING MODEL	09/01/83- 08/31/84			$54,509*		This project will develop a decision model designed to improve the targeting of scarce resources to increase social and economic self-sufficiency among the elderly. The model is based on multiple regression and path analysis of an existing data base - the GAO, study of The Well Being of Older People in Cleveland, Ohio. The study will determine the most effective and efficient allocations of resources based on the knowledge of client needs and which services contribute most to their self-sufficiency.
90AR0051 NATIONAL CENTER FOR HOME EQUITY CONVERSION, MADISON, WISCONSIN HOME EQUITY TRAINING, INFORMATION, REFERRAL, AND COUNSELING	09/30/83- 09/29/84			$147,000*		This project will: (a) provide information, referral, and counseling services to the general public, the Aging Network, and local programs in the area of home equity conversion, (b) develop training and educational materials on reverse mortgages, sale leasebacks, life estate plans, deferred payment loans, and reverse shared appreciation mortgages, and (c) organize training sessions for selected representatives of Area Agencies on Aging, housing authorities, and local organizations in five (5) Regions and provide technical support/training to five home equity conversion

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90OJ1002 COMMONWEALTH OF PENNSYLVANIA, HARRISBURG, PA DESIGN OF HUMAN SERVICES BLOCK GRANTS TO COUNTY GOVERNMENTS	09/30/82- 09/30/84		$100,000 $100,000 (OPD)			The goal of this project is to undertake a comprehensive assessment of state and federal funding streams in Pennsylvania which are passed from or through the state to the local level for the provision of human services, and to design mechanisms for consolidating and/or transferring responsibility to counties for those funding streams. This grant was co-sponsored with the Office of Human Development Services.
90OJ2002 NEW YORK CITY VOLUNTARY ACTION CORPORATION, NEW YORK, NY COMPUTER NETWORK ON VOLUNTEERISM FOR NEW YORK CITY	12/30/82- 12/29/83			$10,000 $20,000 (ACYF)		The computerization of the Mayor's Voluntary Action Center volunteerdata; volunteer job bank; clearinghouse; agency network; and corporate connections for city-wide use.
90OJ2003 RESEARCH TRIANGLE INSTITUTE, RESEARCH TRIANGLE, NC SERVICE EFFICIENCY IMPROVEMENT DEMONSTRATION	01/01/83- 05/31/84			$51,974 $56,306 (ADD) $108,282 (OPD) $79,205 (SS Act)		The purpose of this project is to demonstrate a system for measuring efficiency of OHDS programs and develop self-sustaning mechanisms for continued application.
90AM0066 UNITED STATES CONFERENCE OF MAYORS, WASHINGTON, D.C. STRATEGIES FOR ASSESSING COMMUNITY ELDERLY HOUSING	09/30/83- 09/29/84			$151,355*		The project will develop an instrument to assist Mayors and other local officials in assessing their community's present elderly housing situation. The utility and practicality of this instrument will be demonstrated in three cities. Using experience gained from the local demonstration sites, the Elderly Housing Assessment Plan will be developed and disseminated on a national basis for city use in assessment, planning, coordination and implementation of a comprehensive strategy to allow older city residents a wider range of housing options.

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RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1981 & BEFORE	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM2126 SOUTHWEST MISSISSIPPI AREA AGENCY ON AGING, MEADVILLE, MS CLAIBORNE COUNTY DEMONSTRATION RURAL ELDERLY HOUSING PROJECT	10/01/79- 09/30/84	$181,665				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.
90AM2127 CHAUTAUQUA COUNTY OFFICE FOR THE AGING, MAYVILLE, NY CONGREGATE HOUSING FOR THE ELDERLY	10/01/79- 03/31/84	$154,465				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.
90AM2128 EASTERN SHORE COMMUNITY, ACCOMACK, VA SUPPORT SERVICES FOR CONGREGATE HOUSING IN ACCOMACK COUNTY VIRGINIA	10/01/79- 03/31/84	$197,620				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.
90AM2129 AREA AGENCY ON AGING OF WESTERN, GRAND RAPIDS, MI LAKE COUNTY CONGREGATE HOUSING DEMONSTRATION PROJECT	10/01/79- 09/30/84	$200,133				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.
90AM2130 SOUTHERN RIO GRANDE COUNCIL OF GOVERNMENTS, LAS CRUCES, NM ELDERLY CONGREGATE HOUSING PROJECT	10/01/79- 12/31/83	$192,933				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.

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90AM2131 AREA XIV AGENCY ON AGING, CRESTON, IA CONGREGATE HOUSING DEMONSTRATION PROGRAM	10/01/79-01/31/84	$253,800				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.
90AM2132 NEW HAMPSHIRE STATE COUNCIL ON AGING, CONCORD, NH CARROLL COUNTY RURAL CONGREGATE HOUSING DEMONSTRATION PROJECT	10/01/79-09/30/84	$111,713				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.
90AM2133 COUNTY OF RIVERSIDE, RIVERSIDE, CA SUPPORT SERVICES FOR A RURAL CONGREGATE HOUSING DEMONSTRATION	10/01/79-03/31/84	$163,322				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.
90AM2134 SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICE, PIERRE, SD SERVICES TO RESIDENTS OF CONGREGATE HOUSING PROJECT: CHARLES MIX COUNTY	10/01/79-03/31/84	$209,151				Joint demonstration between AoA and FMHA to develop new residential housing options, including supportive services, for older persons living in rural areas.

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90AM0014 ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS, COLUMBUS, OH STUDY OF MODEL INFORMATION AND REFERRAL SYSTEMS	10/01/81- 05/30/83	$70,060		$2,000		This project is studying six to ten selected model information and referral systems in a variety of settings and situations, demonstrating exemplary practices in serving the needs of the elderly, with special attention to the poor, isolated, impaired, and to minorities — particularly non-English speaking. It will produce and disseminate information on the findings for use by other I&R systems to improve services to the aged.
90AM0022 THE UNIVERSITY OF MICHIGAN, ANN ARBOR, MI NATIONAL OLDER WORKERS INFORMATION NETWORK	10/01/81- 02/28/83	$44,966		$4,928		This project is designed to generate collaboration among business and industry, labor, education and government agencies to promote employment opportunities for older workers and their retention in the labor force.

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AOAI100264 ILLINOIS DEPT. ON AGING, SPRINGFIELD, IL RURAL DAY CARE FOR ELDERS	10/01/80- 12/31/83	$73,355	$42,000	$32,976		The project's goal is to demonstrate the effectiveness of a mobile unit in providing adult day care services to the rural elderly. Rural older people will receive preventive, rehabilitative and restorative care from trained volunteers. The system will be evaluated and plans prepared for replication.
AOAW100244 AREA AGENCY ON AGING DISTRICT V, INC., LA CROSSE, WI RURAL WISCONSIN SERVICE DELIVERY SYSTEMS	10/01/80- 12/31/83	$47,575	$83,000	$43,579		The project goal is to demonstrate the effectiveness of a two-way cable telecommunications system for use in the provision of service delivery information to the isolated rural elderly. This method of information delivery is being compared with that of the peer counseling method.
01AM000017 RHODE ISLAND DEPARTMENT OF ELDERLY AFFAIRS, PROVIDENCE, RI ELDER ABUSE PROGRAM	10/01/80- 12/31/83	$55,000	$54,409	$49,912		The purpose of this project is to create awareness of the nature and extent of elder abuse, and to develop a system of alternative methods for prevention and treatment of abuse.

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REGIONALIZED MODEL PROJECTS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
01AM000018 MASSACHUSETTS DEPARTMENT OF ELDERLY AFFAIRS, BOSTON, MA MODEL ELDER ABUSE AND NEGLECT RESPONSE SYSTEM	10/01/80- 12/31/83	$125,000	$105,000	$111,525		The purpose of this project is to develop and test two models of coordinated services for prevention, detection and treatment of elderly abuse, and to produce a data base on the incidence and causes of abuse and neglect, and the costs of services to abused elders disasters. (Under Section 310 of the Older Americans Act.)
02AM157 METROPOLITAN COMMISSION ON AGING, SYRACUSE, NY DEMONSTRATION ON ELDERLY ABUSE	10/01/80- 12/31/83	$66,335	$66,000	$60,456		This project is designed to develop and demonstrate a viable strategy for the preventi and treatment of elder abuse relying mainly on the existing service delivery system.
02AM158 NEW YORK CITY DEPARTMENT FOR THE AGING, NEW YORK, NY MINORITY SERVICE ENHANCEMENT	10/01/80- 12/31/83	$80,000	$72,000	$72,000		The objectives of this project are to focus on elderly minorities in neighborhoods where othe racial and cultural groups predominate. The project will (1) determine attitudinal, cultur and linguistic barriers to serving these minorities and feasible program modifications, and (2) develop options of community-based and to test and demonstrate effectiveness.

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02AM61 NEW YORK STATE OFFICE FOR THE AGING, ALBANY, NY RURAL AGING SERVICES	09/30/80- 12/31/83	$83,400	$60,000	$82,970		The project is to develop, test and demonstrate intervention strategies that can be used to maximize the efficiency of existing service delivery systems. Local capacity to provide comprehensive, coordinated services to older persons residing in rural areas will be enhanced through coordination of the New York State Rural Affairs Council, State and area agencies on aging and human services providers. The process will be evaluated and plans developed for broader application.
03AD204 MON VALLEY HEALTH & WELFARE COUNCIL, INC., MONESSEN, PA ACTIVATION OF COMMUNITY SUPPORT SYSTEMS FOR THE RURAL FRAIL ELDERLY	10/01/80- 12/31/83	$83,447	$62,996	$49,464		The project goal is to activate natural community support groups as participants and complements to an existing service delivery system in order to meet the needs of the rural frail elderly. The project has organized and trained community groups as volunteers, is developing plans for replication and will continue project activity after Federal funds terminate.

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04AM000305 GATEWAY AREA DEVELOPMENT DISTRICT, OWINGSVILLE, KY GATEWAY FOCUS ON THE ELDERLY	10/01/80 12/31/83	$47,523	$43,933	$40,244		The goal is to demonstrate, through cooperative efforts of the area agency on aging and the county health department, methods to increase access to existing supportive services by the rural isolated elderly. Volunteers will be trained and used to provide services to older persons in their homes, the system will be evaluated and plans for replication developed.
08AM8 DENVER REGIONAL COUNCIL OF GOVERNMENTS, DENVER, CO ACCESS TO MEDICAL CARE AND SOCIAL SERVICES TO THE IMMIGRANT ELDERLY	10/01/80- 12/31/83	$60,000	$53,770	$52,505		The objective of this project is the coordination of medical and social services to elderly immigrants over 60, with concentration on Russian and Vietnamese immigrants. Emphasis is placed on translation services, bilingual newsletters and the development of on-going support groups. The project will develop private sector support through volunteer involvement and produce a booklet entitled "Delivery of Services to Elderly Immigrants."
09AM020 INTER-TRIBAL COUNCIL OF ARIZONA, INC., PHOENIX, AZ COMPREHENSIVE COORDINATED SYSTEM OF ELDERLY SERVICES ON INDIAN RESERVATIONS	10/01/80- 12/31/83	$54,617	$49,000	$50,030		The objective of this project is to plan for and help develop comprehensive, coordinated system of community care for the elderly residents on Indian reservations in the State of Arizona.

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NATIONALIZED MODEL PROJECTS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
09AM030 SENIOR CITIZENS COUNCIL OF MARICOPA COUNTY, PHOENIX, AZ ENHANCEMENT OF SOCIAL SERVICES TO ELDERLY HISPANICS	10/01/80- 12/31/83	$80,000	$70,000	$64,120		The objectives of this project are to develop Hispanic-focused, culturally appropriate programs for elderly persons in isolated areas. In addition the project seeks to increase the sensitivity of the community, area agency staff and professionals in the field of aging to the needs of Mexican-American elderly.
10AM0009 SEATTLE-KING COUNTY DIVISION ON AGING, SEATTLE, WA PACIFIC/ASIAN ELDERLY SERVICE DEVELOPMENT PROJECT	10/01/80- 12/31/83	$118,213	$100,000	$73,200		The objectives of this project are to increase the ability and capacity of the Pacific/Asian Community to provide community based voluntary services to meet the needs of their elderly. The services will be enhanced through the use of a venture capital approach and efforts to create linkage between the aging network and the Pacific/Asian community utilizing the community based voluntary services network operated by the Pacific/Asian Agencies.

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LONG TERM CARE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AL0010 MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, WI LONG TERM CARE GERONTOLOGY CENTER	09/30/79- 09/29/85	$424,911		$514,905		The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired eld through concerted programs of research, train service model development and technical assistance.
90AL0011 TEMPLE UNIVERSITY, PHILADELPHIA, PA LONG TERM CARE GERONTOLOGY CENTER	09/30/81- 09/29/85	$425,000		$151,400 $360,600		The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired eld through concerted programs of research, train service model development and technical assistance.
90AL0012 UNIVERSITY OF UTAH, SALT LAKE CITY, UT LONG TERM CARE GERONTOLOGY CENTER	05/01/82- 07/31/87		$99,301	$24,955 $324,576		The LTC Gerontology Centers represent the combined interests of educational institutio States and communities, and the Federal government, in better serving the chronicall and functionally impaired elderly through concerted programs of research, training, ser model development and technical assistance.

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LONG TERM CARE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AL0014 THE UNIVERSITY OF TEXAS HEALTH SCIENCE, DALLAS, TX TEXAS LONG TERM CARE GERONTOLOGY CENTER PLANNING GRANT	10/01/82- 09/30/87		$97,301	$349,992		The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AT2152 UNIVERSITY OF WASHINGTON, SEATTLE, WA PACIFIC NORTHWEST LONG TERM CARE CENTER	09/30/79- 09/29/85	$523,071	$573,553			The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AT2154 UNIVERSITY OF KANSAS, KANSAS CITY, KS LONG TERM CARE GERONTOLOGY CENTER	09/30/79- 09/29/85	$629,522		$476,659		The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.

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LONG TERM CARE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AT2155 TRUSTEES OF COLUMBIA UNIVERSITY, NEW YORK, NY CENTER FOR GERIATRICS AND GERONTOLOGY/LONG TERM CARE	09/30/79- 09/29/85	$517,652	$573,695			The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically i and functionally impaired elderly through concerted programs of research, training, servi model development and technical assistance.
90AT2157 UNIVERSITY OF SOUTH FLORIDA, TAMPA, FL SUNCOAST GERONTOLOGY CENTER FOR HEALTH AND LONG TERM CARE	09/30/79- 09/29/85	$519,903	$573,698			The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically i and functionally impaired elderly through concerted programs of research, training, servi model development and technical assistance.
90AT2164 BROWN UNIVERSITY, PROVIDENCE, RI SOUTHEASTERN NEW ENGLAND LONG TERM CARE GERONTOLOGY CENTER	09/30/79- 09/29/85	$523,674	$573,344			The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically i and functionally impaired elderly through concerted programs of research, training, servi model development and technical assistance.
90AT2166 UNIVERSITY OF ARIZONA, TUCSON, AZ LONG TERM CARE GERONTOLOGY CENTER	09/30/79- 09/29/85	$633,361		$514,098		The LTC Gerontology Centers represent the interests of educational institutions, States a combined communities, and the Federal governme in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance

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LONG TERM CARE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AT2167 REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES, CA UCLA/USC LONG TERM CARE GERONTOLOGY CENTER	09/30/79-09/29/85	$522,500	$573,521			The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AM2187 NEW YORK CITY DEPARTMENT FOR THE AGING, NEW YORK, NY DELIVERY OF MEDICAL AND SOCIAL SERVICES TO THE HOMEBOUND ELDERLY: INTERSYSTEM COORDINATION	09/28/79-12/31/83	$863,728				This project test a community-based methodology of long term care for maintaining chronically ill, functionally impaired elderly at home by direct service delivery and linkage to service through coordination process in which the AAA plays role
90AM0036 COLLEGE OF ST. SCHOLASTICA, DULUTH, MN PARENT-CARING: PROGRAM FOR FAMILIES AND PROFESSIONALS	09/30/82-09/29/84		$63,737			The objective is to organize a two-year training program of preventive and support services for those interested in caring for their aging parents at home and for health and social service personnel who work with these families.
90AM0038 WISCONSIN BUREAU OF AGING, MADISON, WI CAREGIVER SUPPORT INITIATIVE	10/01/82 12/31/83		$99,022			The Project proposes to undertake a "Caregiver Support Initiative" aimed at both understanding and validating the contribution of natural support systems to the care of the impaired elderly and other disabled adults.

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LONG TERM CARE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0041 MIFFLIN-JUNIATA AREA AGENCY ON AGING INC, LEWISTOWN, PA FAMILY-CENTERED APPROACH TO AGING: ORIENTING A RURAL COMMUNITY	09/30/82- 10/31/83		$15,410			This project will orient, educate and support a rural community with a preventive care type of program designed to implement a family-centered approach to aging and aging services, emphasizing counseling and education
90AM0044 MOUNTAIN STATES HEALTH CORPORATION, BOISE, ID RESIDENTIAL DAY CARE DEMONSTRATION MODEL	10/01/82- 02/28/84		$171,245			The goal of the project is to establish a syste which will deliver the life enhancing services adult residential day care to Boise, Idaho area older people.
90AM0046 PACIFIC NORTHWEST LONG TERM CARE CENTER, UNIVERSITY OF WASHINGTON, SEATTLE, WA FAMILY SUPPORT: A PREVENTIVE APPROACH	10/01/82- 01/31/85		$133,053			The objective is to determine whether family support strategies which increase family resources can serve as an effective incentive t encourage families to retain the primary responsibility for the care of their elderly relatives.
90AT2053 DUKE UNIVERSITY CENTER FOR THE STUDY OF AGING AND HUMAN DEVELOPMENT, DURHAM, NC LONG TERM CARE GERIATRIC FELLOWSHIP PROGRAM	09/30/79- 12/31/83	$139,851	$77,500			This project enhances the faculty capability i medical schools to provide orientation in geriatrics/gerontology to medical students and residents.

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LONG TERM CARE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
HHS-100-80-0133 TEMPLE UNIVERSITY, PHILADELPHIA, PA TECHNICAL ASSISTANCE TO THE NATIONAL LTC CHANNELING DEMONSTRATION	9/30/80- 3/30/84	$750,000 (HCFA)	$910,000 (HCFA)	$65,066 (ASPE)		The objective of this contract is to provide training of personnel at the demonstration sites and to perform quality control.
HHS-100-80-0136 STATE OF FLORIDA, MIAMI, FLORIDA CHANNELING DEMONSTRATION SITE	09/25/80- 03/31/85	$1,079,354 (AoA) $932,896 (HCFA)				This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0137 STATE OF HAWAII, HONOLULU, HAWAII CHANNELING DEMONSTRATION SITE	09/25/80- 12/31/83	$850,000 (HCFA)				This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.

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LONG TERM CARE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
HHS-100-80-0130 STATE OF KENTUCKY, FRANKFORT, KY. CHANNELING DEMONSTRATION SITE	09/25/80- 12/31/84	$1,009,085 (AoA)		$700,000 (HCFA)		This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment care planning, and case management.
HHS-100-80-0139 STATE OF MAINE, PORTLAND, MAINE CHANNELING DEMONSTRATION SITE	09/25/80- 12/31/84	$700,270 (AoA)	$600,839 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment care planning, and case management.
HHS-100-80-0146 STATE OF PENNSYLVANIA, PHILADELPHIA, PENNSYLVANIA CHANNELING DEMONSTRATION SITE	09/25/80- 03/31/85	$2,025,310 (HCFA)	$210,672 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment care planning, and case management.

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LONG TERM CARE	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
HHS-100-80-0157 MATHEMATICA POLICY RESEARCH, PRINCETON, NJ EVALUATION OF THE NATIONAL LTC CHANNELING DEMONSTRATION	09/30/82- 03/30/85	$2,414,260	$3,200,000	$1,890,000 $3,571,086 (HCFA) $1,000,000 (ASPE)		The objective of this contract is to evaluate the interventions in terms of service utilization, impacts on clients and informal supports and costs.
HHS-100-80-0140 STATE OF MARYLAND, STATE OFFICE ON AGING, BALTIMORE, MD CHANNELING DEMONSTRATION SITE	9/30/80- 3/30/85	$976,778	$731,008 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0141 STATE OF MASSACHUSETTS, DEPARTMENT OF ELDER AFFAIRS, LYNN, MA GREATER LYNN CHANNELLING DEMONSTRATION SITE	09/30/80- 03/30/85	$691,499 (HCFA)	$496,118 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0142 STATE OF MISSOURI, DEPARTMENT OF SOCIAL SERVICES, JACKSON, MO CHANNELING DEMONSTRATION SITE	09/30/80- 11/01/83	$765,061 (HCFA)				This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.

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LONG TERM CARE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
HHS-100-80-0143 STATE OF NEW JERSEY, DEPARTMENT OF HUMAN SERVICES, MIDDLESEX, NJ CHANNELING DEMONSTRATION SITE	09/30/80- 03/30/85	$985,534	$1,002,283 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0144 STATE OF NEW YORK, OFFICE FOR THE AGING, RENSSELAER, NY CHANNELING DEMONSTRATION SITE	09/30/80- 03/30/85	$729,693 $991,246				This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0145 STATE OF OHIO, COMMISSION ON AGING, CUYAHOGA, OH CHANNELING DEMONSTRATION SITE	09/30/80- 03/30/85	$903,883 $860,910				This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0147 STATE OF TEXAS, DEPARTMENT OF HUMAN RESOURCES, HOUSTON, TX CHANNELING DEMONSTRATION SITE	09/30/80- 03/30/85	$1,068,490 $759,015 (HCFA)	$250,000 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90AT0070 PENNSYLVANIA DEPARTMENT OF AGING, HARRISBURG, PA GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 12/31/83		$100,000			This project will develop training standards for practitioners in the aging network in Pennsylvania. The two career areas to be addressed are: Area Agency on Aging management and casework/counseling. The project will produce: 1) a set of training standards for each of the career areas; 2) a position paper on potential career ladders and/or job enrichment for each career area; 3) a position paper on training needs, priorities, and modes to address the requirements of the standards in each area; and 4) and evaluation/dissemination document which will enable other agencies to replicate the experience of this project. Pennsylvania State University, Temple University, and the University of Pittsburgh serve as cooperating sub-contractors with this project.
90AT0071 VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND, VA MODEL TRAINING PROJECT FOR SERVICE PROVIDERS IN AGING	10/01/82- 02/29/84		$99,991			This project will develop two model training projects for service providers in aging. The project will: 1) synthesize existing information on training needs, 2) develop and implement a model training program, 3) evaluate the training program, and 4) develop and implement a dissemination plan for the model training program.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90AT0072 UNIVERSITY OF ARIZONA, TUCSON, AZ ENHANCING THE CAPABILITY OF A STATEWIDE COMMUNITY COLLEGE SYSTEM TO DELIVER LONG TERM CARE	10/01/82- 02/29/84		$35,300			This project will work with the State Board of Directors for Community Colleges to develop a comprehensive statewide educational program in long term care based in the community college system. The project will inventory existing resources for long term care education in the community college system, conduct workshops fo community college faculty, develop a two-stage plan for long term care education, and evaluat the effectiveness of the planning and implementation activities.
90AT0100 University of Southern California, Los Angeles, CA. CAREER TRAINING IN EDUCATION AND TRAINING	10/1/83- 01/31/85			$99,966*		The project provides for the design and implementation of graduate level course work in adult education which integrates preparing both community professionals and students in facilitating learning experinces for older persons. A demonstration education center at local community colleges will be created. Through this center, learning experiences and field work experiences would be offered to graduate students while older people are learn health promotion and disease prevention knowle and skills. The results of the project will b continuing program of graduate instruction, an academic partnership with the Aging Network, a 200 older persons who have learned about protecting their health.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90AT0101 SYRACUSE UNIVERSITY, SYRACUSE, NEW YORK NEW DIRECTIONS IN GERONTOLOGY TRAINING	10/01/83- 02/28/84			$90,000*		The project objectives include development and implementation of a training program for professional and volunteers in United Way and Health Systems Agencies and managers in commerce and industry; and establishing of a state agency advisor to scientists and engineers on aging issues.
90AT0102 COUNCIL ON SOCIAL WORK EDUCATION, NEW YORK, NEW YORK INFUSING AGING CONTENT INTO SOCIAL WORK EDUCATION CURRICULA	10/01/83- 12/31/84			$99,097*		The project objectives include assessment of competencies and skills needed by social workers in working with older people, identification of curricula needs and best practice coursework and learning modules meeting these needs, dissemination of findings, conduct of faculty development, development of standards for student field placements and preparation of a continuing education program. Includes compilation of case studies of programs promoting career ladders.
90AT0103 WAYNE COUNTY COMMUNITY COLLEGE, DETROIT, MICHIGAN TRAINING FOR VOLUNTEERS AND PROFESSIONALS IN LAW ENFORCEMENT	09/30/83- 02/28/85			$100,000*		The purpose of this grant is to sensitize law enforcement professionals, their volunteers and students to the special problems of the elderly thereby maximizing positive relationships with the elderly in their law enforcement activities. A course will be integrated within the police departments and the Criminal Justice and Law Enforcement Administration Programs at the College.

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90AT0105 MIDDLESEX COMMUNITY COLLEGE, BEDFORD, MAINE LAW ENFORCEMENT AND THE ELDERLY	09/30/83- 09/30/84			$44,700*		The goal of this project is to provide sensitized, skilled older volunteers who are trained in peer counseling and criminal justice procedures to mediate with law enforcement and court officials in behalf of older victims, witnesses, offenders, and the indigents.
90AT0106 SAN DIEGO STATE UNIVERSITY, SAN DIEGO, CALIFORNIA GERONTOLOGY IN ACCREDITED LAW ENFORCEMENT TRAINING	09/30/83- 09/30/84			$49,947*		The goal of this project is to develop, train, and acquire accreditation for a training program about aging and the elderly for police officers from the Office of Policy Officers Standards and Training and to disseminate the training program nationwide. The San Diego Policy Department proposes to train 225 persons as part of this project.
90AT0107 U.S. CONFERENCE OF MAYORS, WASHINGTON, D.C. GERONTOLOGICAL TRAINING FOR CITY/LOCAL OFFICIALS	09/30/83- 09/30/84			$99,990*		The goal of this project is to provide gerontological training to local officials and personnel of city governments. It will use existing materials developed previously by the grantee with AoA model project support and the training networks of both the grantee and sub-grantee (University of Maryland).

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90AT0109 HOWARD UNIVERSITY, WASHINGTON, D.C. GERONTOLOGICAL TRAINING INSTITUTE	09/30/83- 09/29/84			$70,807*		This project will initiate curricula, courses and training content in social sciences and health areas on aging. The project seeks to prepare professionals in social work, law, medicine, dentistry, architecture, human ecology, business, public administration, nursing, allied health and adult education for working with minority aged.
90AT0110 AMERICAN OPTOMETRIC ASSOCIATION, WASHINGTON, D.C. CONTINUING EDUCATION IN GERIATRIC OPTOMETRY	09/30/83- 02/28/85			$99,215*		The project goal is to improve the provision of vision care for the elderly through development of continuing education training modules for practicing optometrists. Training will include familiarization with the normal processes of aging, aging network services, patient communication and vision problems prevalent among the elderly. Accreditation will be sought for Continuing Education Units at state and regional congresses of the Association and schools of optometry.
90AT0078 MORGAN STATE UNIVERSITY, BALTIMORE, MARYLAND GERONTOLOGICAL TRAINING	10/01/83- 10/01/84			$25,540*		The purpose of this project is to integrate gerontological content into the business administration curricula. An anticipated project outcome is improvement of service delivery systems for the elderly by sensitizing and training both present and future professionals in the field of business administration. Project results will be disseminated through presentations at professional aging and business conferences and publications in professional aging and business

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		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90AT0079 SOUTHSIDE VIRGINIA COMMUNITY COLLEGE, ALBERTA, VIRGINIA TRAINING PARAPROFESSIONALS	10/01/83- 01/31/85			$49,894*		The purpose of this project is to bridge the service gap between institutionalization and family care for rural minority elderly by providing a pool of 60 home-care providers trained to meet medical reimbursement criteria. A training package will be developed and disseminated for use in other similar rural are
90AT0080 AMERICAN INSTITUTE OF ARCHITECTS FOUNDATION, WASHINGTON, D.C. ARCHITECTURAL DESIGN FOR THE AGING: PROFESSIONAL TRAINING	10/01/83- 01/31/85			$95,002*		The purpose of the project is to improve the ability of practicing architects to meet the environmental needs of the elderly. Objectives include the development and dissemination of a design guide, implementatio of an information system reaching architects a aging service professionals, and development o continuing education program using materials developed under the grant.
90AT0081 NEW MEXICO STATE UNIVERSITY, LAS CRUCES, NEW MEXICO INSTITUTE FOR GERONTOLOGICAL RESEARCH AND EDUCATION	10/01/83- 02/28/85			$89,999*		The multiple goals of this project include: 1) the development of aging content in coursework, 2) faculty training in gerontology, and 3) provision of continuing education and assistance to community groups. Emphasis will be on multi-cultural aging, especially Hispanic and Native American elderl

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90AT0002 UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, LITTLE ROCK, ARK. UNDERGRADUATE CURRICULUM AND RESIDENCE, PROGRAM IN GERIATRIC PHARMACY	10/01/83-02/28/85			$83,421*		The project will develop a core curriculum in geriatric pharmacy practice, which will satisfy the minimal needs of geriatric pharmacy, and an accompanying instructional manual. In addition, a continuing professional education program will be put in place, along with a geriatric consultation residency program in collaboration with the American Society of Consultant Pharmacists.
90AT0003 AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, ROCKVILLE, MARYLAND THE ROLE OF OCCUPATIONAL THERAPY WITH THE ELDERLY	10/01/83-02/28/85			$100,944*		The project objectives include assessment of the knowledge, skills and competencies needed by occupational therapists in working with older people in different settings; design and development of a curriculum that meets those needs, and dissemination of educational materials to individuals and institutions. Grantee is assuming responsibility for disseminating materials after project completion.
90AT0004 WEBER STATE COLLEGE, OGDEN, UTAH IMPROVING THE EFFECTIVENESS OF SOCIAL SERVICE TO OLDER AMERICANS	09/01/83-01/31/85			$75,063*		The project objectives include continued development of the grantee's statewide gerontology program by extension into health care, mental health, business, education and law enforcement professions. Implementation involves cooperative efforts of Utah State Division on Aging, local area agencies on aging and the grantee. Partial tuition and fee support is provided for 25 students.

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90AT0005 UNIVERSITY OF SOUTHERN MAINE, PORTLAND, MAINE GERONTOLOGY TRAINING FOR ADULT EDUCATORS	10/01/83- 02/28/85			$69,784*		The project modifies an existing Adult Education program by introducing aging relate coursework, developing an optional specialization in gerontology, increasing faculty awareness and knowledge in aging and establishing linkages to state and local servi systems. Grantee will host a New England Regional Workshop for adult educators and disseminate a handbook and resource book on educational gerontology.
90AT0006 TOUGALOO COLLEGE, TOUGALOO, MISSISSIPPI STRENGTHENING CAREER PREP IN GERONTOLOGY	10/01/83- 10/01/84			$70,000*		The purpose of this project is to offer gerontological career training to minority students and to provide short-term training for Aging Network personnel. Anticipated project products include development of educational certification standards, implementation of a job development program i gerontology, and development and implementati of continuing education courses for Network personnel.
90AT0007 OHIO COLLEGE OF PODIATRIC MEDICINE, CLEVELAND, OHIO MAINTAINING MOBILITY THROUGH FOOT CARE	10/01/83- 09/30/84			$30,912*		The purpose of this project is: 1) to provide information to nurses, aides, social workers and professionals in health care including physicians and podiatrists on the maintenance of foot care by older persons; 2) to encourag and stimulate utilization of this information the improvement of foot care by older persons and 3) to help maintain the mobility and self sufficiency of older persons.

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90AT0008 LANSING COMMUNITY COLLEGE, LANSING, MICHIGAN COMMUNITY GERONTOLOGY LABORATORY	10/01/83-01/31/85			$75,000*		This project will demonstrate a model for community cooperation in gerontology training with the community college as its hub. The model links aging service providers and community caregivers through the establishment of a community-based system for development, consolidation, dissemination and evaluation of training resources in one Planning Service Area.
90AT0009 WESTERN MICHIGAN UNIVERSITY, KALAMAZOO, MICHIGAN INTEGRATED GERONTOLOGICAL IMPACT IN P.A. EDUCATION	10/01/83-03/31/85			$46,265*		The goal of this project is to develop and integrate into the Physician Assistant's curriculum approximately 25 didatic and 40 clinical hours of content on health care of older persons.
90AT0090 OREGON STATE UNIVERSITY, CAMPUS, OREGON GERONTOLOGY TRAINING PROGRAM FOR PRACTICING PHARMACIST EDUCATORS	10/01/83-12/31/84			$50,092*		The purpose of this project is to develop a model continuing education training program for practicing pharmacists in the State of Oregon. Objectives include development and evaluation of modular learning materials and design and conduct of a workshop that will reach 100 practicing pharmacists under the grant with activities self-sustaining after grant expiration.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0091 WESTERN KANSAS COMMUNITY SERVICES CONSORTIUM, PRATT, KANSAS RURAL GERONTOLOGICAL EDUCATION	10/01/83- 09/30/84			$37,659*		The purpose of this grant is to develop curricula in gerontology for rural areas through a consortium of six community colleges and three universities. Grant will develop si curricula; prepare a manual to lay the basis f replication; and host an invitational dissemination conference for other rural community colleges.
90AT0092 STATE OF ALASKA/OLDER AMERICANS COMMISSION, JUNEAU, ALASKA RURAL AND REMOTE ALASKA	09/31/83- 09/31/84			$100,000*		The goal of the project is to enhance the quality of life of rural and remote elderly Alaskans through a local (village) volunteer corp which will deliver services to the elderl in an interactive mode using the states existi telecommunications system. Project activities include (1) adapting/designing audio-video modules, (2) developing a curriculum package f training volunteers; and (3) recruiting and training a volunteer copr. Work will be performed by the Institute of Social and Econ Research, Department of Rural Education and Instructional Television Center; all units of University of Alaska.
90AT0093 GERONTOLOGICAL SOCIETY OF AMERICA, WASHINGTON, D.C. FELLOWSHIP PROGRAM IN APPLIED GERONTOLOGY	08/01/83- 09/30/84			$100,000*		The purpose of this project is to coordinate a provide administrative support for placing academic faculty and researchers in planning and services provider agencies and organizations for short term planning applied research and technical assistance projects. I institutions share the costs of 12 fellowship stipends.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0094 AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS, ARLINGTON, VIRGINIA ASSESSMENT AND IMPROVEMENT OF KNOWLEDGE AND SKILLS IN GERIATRICS FOR PHYSICIAN ASSISTANTS	10/01/83- 02/28/85			$100,000*		The project objectives are to identify current knowledge and skill needs of physician assistants in working with older people, to identify curricula content matching these needs, develop modular curricula where needed, and disseminate results. Dissemination utilization activities include development of self-assessment examination questions, continuing education workshops and self-paced learning modules.
90AT0095 AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION, ROCKVILLE, MARYLAND GERONTOLOGICAL TRAINING	10/01/83- 02/28/85			$75,000*		The project objectives include development of a looseleaf textbook, an information booklet and audiovisual materials for speech - language pathologists, audiologists, and Aging network personnel; and faculty development for pre-service and continuing education at regional and national professional meetings.
90AT0096 TRUSTEES OF COLUMBIA UNIVERSITY, NEW YORK, NEW YORK OCCUPATIONAL THERAPY GERONTOLOGY TRAINING	10/01/83- 02/28/85			$30,166*		The project objectives include introduction of a new course into existing Master's Degree Program and development of a field experience in a neighborhood senior center. The latter includes development of a group program for teaching the elderly to cope with potential problems affecting independent living.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0097 NEW JERSEY DIVISION ON AGING, TRENTON, NEW JERSEY TRAINING BUSINESS MANAGEMENT IN AGING FACTORS	10/01/83- 02/28/85			$35,525*		The project objectives are to develop educational materials for use in training business management personnel on Aging factors, to publish a booklet based on these materials for statewide distribution and to conduct for 12 hour workshops for 100 business leaders. Older workers are expected to benefi from changed attitudes and behaviors of busine managers exposed to training and instructiona materials.
90AT0098 FLORIDA A&M UNIVERSITY, TALLAHASSEE, FLORIDA GERONTOLOGY AS APPLIED SOCIAL SCIENCE	10/01/83- 10/01/84			$51,947*		The purpose of this project is to inrease the number of minority professionals in the aging field with applied Social Science knowledge. The long-term outcome is anticipated revitalization of graduate programs in Sociolo through training current faculty and the development of activities for persons seeking definitions of social behavior in their later years. Volunteer retirees will participate a resources in a seminar with the eldery. A program model will be developed for disseminat and utilization by small colleges.
90AT0099 LIVINGSTONE COLLEGE, SALISBURY, NORTH CAROLINA TRAINING PRACT. AND MINORITY PREP STUDENTS	10/01/83- 09/30/84			$98,376*		The purpose of this project is to offer gerontological career training to minority students and to upgrade the knowledge base an skills of network personnel working with olde persons. Linkages will be developed between t college and the State and Area Agencies on Ag to form a State-wide network for disseminatio

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0111 GRAMBLING STATE UNIVERSITY, GRAMBLING, LOUISIANA GERONTOLOGICAL TRAINING	09/30/83- 09/29/84			$74,908*		The project involves the training of service providers, volunteers, students and family members of older persons to reduce dependency and prevent premature institutionalization. Efforts will be made to strengthen curricula and field experiences of human service and related areas of concentration. Financial assistance to be provided to students in gerontology related fields.
90AT0108 UNIVERSITY OF TEXAS, ARLINGTON, TEXAS CROSS -CULTURAL TRAINING - HISPANIC	09/30/83- 09/29/84			$74,999*		The project meets the need for cross-cultural professional training related to older Hispanics by providing seminars and a training manual on cross-cultural service delivery curricula to educators and trainers. Six bilingual professionals will be trained to serve the Hispanic elderly.
90AT0104 PUERTO RICO OCCUPATIONAL THERAPY ASSOCIATION, SAN JUAN, PUERTO RICO GERIATRIC TRAINING PROJECT	09/30/83- 01/31/85			$20,000*		The project is to provide occupational therapists and therapy aides and other health professionals practical relevant experiences to strengthen knowledge and develop new skills in the geriatric field. The training will stress primary prevention and early intervention to ameliorate and delay the effect of the aging process. Four residential workshops and one evaluation workshop will be conducted.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90AJ1012 VOLUNTEER COUNSULTING GROUP, INC., NEW YORK, NEW YORK GERONTOLOGICAL/CHILD GOVERNANCE TRAINING SCHOOL FOR GERONTOLOGICAL/CHILD WELFARE MANAGERS	09/30/83- 02/28/85			$37,500*(AoA) $37,500*(ACYF)		The project objectives include using private sector volunteers for skills training of purchase of service administrators, fiscal personnel and Boards of Directors. Scope includes accounting, budgeting, personnel, purchasing, real estate, insurance, fiscal systems, fundraising and Board of Directors recruitment for Gerontological and Child Welfare agencies.
90CJ0062 UNIVERSITY OF PITTSBURGH, PITTSBURGH, PA. DEVELOPING INTERGENERATIONAL PROGRAMS JOINTLY WITH THE AGING AND CHILD CARE NETWORKS IN PENNSYLVANIA	10/1/83- 10/31/84			$16,264* $16,264 (HS)		The purpose of this project is to demonstrate in Pennsylvania the effectiveness of cooperation among program staff from aging and child care networks in developing intergenerational programs involving older adults and children. The project is expected to produce a direct, positive impact on the lives of older adults and young children and will also increase the knowledge and skills of staff in the aging and child care networks. Project is also degined to serve as a model for other states in promoting intergenerational programs.
90AT0002 GERONTOLOGICAL SOCIETY, WASHINGTON, DC CONTINUUM OF LONG-TERM CARE: HEALTH CARE OF THE ELDERLY	04/01/80- 07/31/83	$223,512	$85,000	$19,999		The project will place 15 gerontologists each in an agency setting to undertake applied research projects of immediate utility in policymaking and program development. Based on the premise that there is a need for strong and dynamic relationships between academic gerontologists and directors of aging agencies, the program seeks to effect a mutually beneficial marriage between theory and practice and to encourage the interdependence of theoretical research and practical administration.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
01AT000020 UNIVERSITY OF BRIDGEPORT, BRIDGEPORT, CT GERONTOLOGY CAREER PREPARATION - CAPACITY BUILDING	10/01/82- 02/28/84		$97,571			The program offers undergraduate coursework at the certificate, associate and bachelor degree levels for students who are currently working or plan to work in the mental health field serving older persons. The program is revising its curriculum to increase its relevance to the aging services field.
02AT47 FORDHAM UNIVERSITY, NEW YORK, NY TRAINING TO STRENGTHEN PRIVATE SECTOR INITIATIVES AND INFORMAL SUPPORT SYSTEMS	10/01/82- 02/29/84		$100,000			The program trains social workers at the master's level with special emphasis on services for older persons. The program is developing new curricula for two courses. Training materials developed will be made available for dissemination to interested organizations.
02AT48 HUNTER COLLEGE, NEW YORK, NY "MEDIATING STRUCTURES" GERONTOLOGY CAREER PREPARATION	10/01/82- 02/29/84		$88,368			This project will: (1) Develop and test training approaches that stress involvement of "mediating structures" (family, churches, neighborhood groups, voluntary associations, ethnic groups); and (2) train aging network professionals to work with mediating structures. It will disseminate curricula and provide technical assistance to practitioners and volunteers in both the aging network and the mediating structures themselves. The project covers pre-professional training, continuing education, and technical assistance to community organizations in the N.Y. City area. Technical approach involves faculty development, classes and workshops; publications, and consultation with aging network agencies.

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03AT120 UNIVERSITY OF DISTRICT OF COLUMBIA WASHINGTON, DC TRAINING IN GERONTOLOGY - LEADERSHIP DEVELOPMENT, PARA-PROFESSIONALS AND VOLUNTEERS	10/01/82- 02/29/84		$100,000	$5,000		The program is directed toward developing three training areas: (1) training program for family members, friends, neighbors and volunteers who provide care giving services to the frail older persons; (2) training program for providers of home care; and (3) training program targeted at minorities to develop and promote professional career leadership capabilities. Training materials being produced in all three training areas will be made available for dissemination to interested.
03AT121 UNIVERSITY OF MARYLAND, COLLEGE PARK, MD GERONTOLOGY CAREER PREPARATION; MODELS AND INNOVATIONS	10/01/82- 12/31/83		$95,000			The career preparation program offers graduate level coursework for students who receive upon completion of the program a Gerontology Certificate. Coursework is being developed to expand the curriculum to include the disciplines of architecture, engineering, and mental health. Also, the program is offering a Senior Center Training Institute for practitioners and a Consumer Drug Education program for visiting nurses, pharmacists and State and Area Agency personnel.

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03AT122 HAMPTON INSTITUTE, HAMPTON, VA GERONTOLOGY INFORMATION AND TRAINING PROGRAM	10/01/82- 01/31/84		$100,000			The Gerontology Information and Training Program will provide better-trained practitioners for the network by developing a continuing education curriculum and instruction materials that respond to practitioners' needs. An off-campus loan system and portable audio-visual equipment are included to make the utilization of the resource center's holdings possible in other settings. Workshops and seminars will be used to present information to larger groups such as (e.g. ministers, Black families, other post-secondary gerontology program directors, etc.). With proper follow-up and technical assistance, these efforts assist in the development of alternative service providers and the development of gerontology programs at traditionally Black colleges. The program is developing and offering a graduate curriculum at the master's level. Other program development activities include development of internship placement for students, faculty training activities, recruitment of in-service personnel, and creation of a fund raising committee for future financial support.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1981 & BEFORE	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
03AT124 VIRGINIA UNION UNIVERSITY, RICHMOND, VA INCREASING THE EFFECTIVENES OF SERVICES TO MINORITY ELDERLY: A UNIVERSITY-COMMUNITY PARTNERSHIP	10/01/82- 12/31/83		$56,029			The program offers undergraduate coursework for career preparation students. Continuing education training programs are being developed and offered to operators of adult homes. A course in Volunteerism is also being developed to strengthen services for minority older persons, in particular, through the training of ministers and laity. Training modules will be available for dissemination to interested persons.
04AT000142 ATLANTA UNIVERSITY, ATLANTA, GA GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/20/84		$100,000			The program is developing a curriculum for an on-campus gerontology degree program and a mobile off-site training institute for paraprofessionals working with older persons in social and health service agencies in rural areas. Information about the model mobile training institute and training materials developed for the mobile training institute will be made available to interested persons. This project emphasizes recruitment of minority students.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
04AT000143 CLARK COLLEGE, ATLANTA, GA GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 12/31/83		$69,241			The program offers undergraduate level coursework with particular emphasis on the needs of the black aged for minority students. In-service training activities will make available, at no cost to participants, selected Gerontology courses for personnel providing services to the minority aged.
04AG000145 UNIVERSITY OF SOUTH CAROLINA, COLUMBIA, SC GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/28/84		$25,545			The program offers career preparation courses for social work students concentrating in gerontology. Program development is concentrated on the establishment of a volunteerism curriculum through (1) development of a new course in "Volunteerism and the Elderly"; (2) development of student field work experiences in volunteerism; and (3) development of workshops on volunteerism for aging agency personnel.
AOA-MI-G-0 MADONNA COLLEGE, LIVONIA, MI GERONTOLOGICAL CAREER PREPARATION PROGRAM	10/01/[illegible]- 02/28/[illegible]		$100,000			This program will train and develop a competency-based "Open Care for the Aging" curriculum designed to prevent premature institutionalization by supporting family and other community-based care. 50 paraprofessionals will be trained in open care workshops conducted for network agencies and material will be disseminated through reports, a manual, and a slide/tape presentation.

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AOAM1G01 WAYNE COUNTY COMMUNITY COLLEGE, DETROIT, MI GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/29/84		$100,000			The program is developing a standardized on-site model training workshop in aging for volunteers and paraprofessionals who work with older persons. The training module will be demonstrated through 18 workshops with 190 enrollees from the Detroit area.
AOAM1G69 THE UNIVERSITY OF MICHIGAN, ANN ARBOR, MI GERONTOLOGICAL CAREER PREPARATION PROGRAM	10/01/82- 02/29/84		$100,000			The program concentrates on development of three new program components. These are 1) a Professional Studies Certificate Program designed as an intensive educational program in gerontology for a wide range of human service professionals; and 2) recruitment of students from the aging network and other agencies serving older persons into the Management Certificate Program of the School of Social Work for practicing professionals who lack management skills.
AOAMN00182 COLLEGE OF ST. SCHOLASTICA, DULUTH, MN GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/28/84		$100,000			The program is concentrating on offering courses leading to a certificate in gerontology to new populations. The existing gerontology curriculum is being strengthened by developing new courses and new internship sites; and courses are being offered on evenings and weekends and in rural locations to rural service providers and other non-traditional students. Continuing education in-service workshops are being offered to professionals and paraprofessionals working with older persons.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
AOAG0003 MIAMI UNIVERSITY, OXFORD, OH GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/29/84		$100,000			This program is preparing minority researchers through their participation in conducting a research project focusing on long-term care for minority older persons. The career preparation part of the program is concentrating on developing the applied aspects of the gerontology program. Gerontology faculty are switching roles with gerontology practitioners. The faculty will work in the agencies and the practitioners will teach in the classroom.
AOAG0069 OHIO UNIVERSITY, ATHENS, OH GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 12/31/83		$100,000			The undergraduate career preparation is concentrating on developing curriculum and training materials on rural aging with a goal to become a national rural aging trainer for Green Thumb. Training materials developed will be made available to interested persons. The program is also concentrating on developing a life-long learning program to make it possible for persons working with older persons to earn a certificate or a degree.
06AG199 THE UNIVERSITY OF TEXAS AT ARLINGTON, ARLINGTON, TX GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/29/84		$100,000			This project will: 1) establish an Hispanic Advisory Council for the purpose of receiving input from the Aging Network Hispanics; 2) deliver a series of workshops in El Paso and South Texas (aimed at personnel in service agencies); 3) deliver a Spring Institute on Aging focusing on training needs of Network staff; and 4) To recruit and train bilingual social workers for careers in the field of Aging.

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GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
06AT200 NORTH TEXAS STATE UNIVERSITY, DENTON, TX GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/29/84		$99,069			This program concentrates on the development and demonstration of an integrated model for career preparation through participation in a three way partnership between the Center for Studies in Aging, the aging network and service systems for older persons, and two- and four-year colleges. Six objectives have been identified as steps leading to the development of the Bachelor of Arts and Applied Sciences degree and the Technical Certificate. The model specifies mechanisms to keep the academic program accessible to practitioners and to articulate with community colleges. The Center's experience with this model will be disseminated through speeches at professional meetings, articles in professional journals and technical assistance to other educational institutions.
07AT0243 WICHITA STATE UNIVERSITY, WICHITA, KS GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/29/84		$96,085			This project is undertaking new program initiatives to enhance career preparation and career placement for gerontology students and the existing interaction between the WSU Gerontology Center and the aging network. Specific project objectives include: development of improved policy/planning in aging course sequence; the development and testing of a teaching senior center model which would provide students preparing for work in a wide variety of professions field experience with older persons; and the development within the teaching senior center of an off-campus focal point for in-service and continuing education for planners and providers of aging services.

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		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
08AT0012 WEBER STATE COLLEGE, OGDEN, UT GERONTOLOGY CAREER PREPARATION PROGRAM	10/01/82- 02/29/84		$78,502			This project will develop and implement a three step paraprofessional, vocational and career cumulative undergraduate educational program. It will recruit and accept 30 trainees; provide a field practicum experience for 30 trainees by combining the academic and practical work experiences; continue and strengthen the ongoing partnership between Weber State College and the State Office and AAA's; and provide job placement for trainees who complete the program.
09AT33 UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CA CLINICAL TRAINING ON AGING AND MENTAL HEALTH	10/01/82- 04/30/84		$100,000			The purpose of this project is to increase the number of professionals trained in mental health and aging, and to develop and evaluate program innovations that address traditional barriers to mental health service use and better professional training. It will compile a casebook, foster ties with the Aging network, and administer an expanded clinical training site.

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MINORITY RESEARCH ASSOCIATE PROGRAM	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0005 STATE UNIVERSITY OF NEW YORK, BUFFALO, NY MINORITY RESEARCH ASSOCIATE PROGRAM	07/01/80- 04/30/84	$93,799		$7,000		The purpose of this project is to recruit minority social scientists for aging research. Training provided by the project includes: attending professional conferences; reviewing literature in gerontology; conducting a comparative field study of Korean elderly in York City and Los Angeles.

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NATIONAL CONTINUING EDUCATION AND TRAINING PROGRAM	START AND END DATES	FUNDING FY 1981 & BEFORE	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AT0020A UNIV. OF MISSOURI, ST. LOUIS, ST. LOUIS, MO (Formerly CEMREL) OLDER ADULT SERVICES (OASIS)	08/01/80-07/31/84	$159,029	$169,766	$7,697 $7,500 $180,373		The project "Older Adult Service of the University of Missouri-St. Louis" is to develop and demonstrate techniques of developing public/private partnerships using nontraditional community resources to provide informational, educational, and cultural services for older adults. Working with the Famous-Barr Department Stores in St. Louis and with other businesses and cultural, educational and service organizations, OASIS has designed, developed, and implemented the Older Adult Service and Information System (OASIS) in the Famous-Barr Stores. This effort calls for expansion of this activity, into Cleveland, Jacksonville, Baltimore and Los Angeles.
90AD0006 PHOENIX SYSTEMS, INC. SPENCER, IA INCREASING ORGANIZATIONAL VISIBILITY, CREDIBILITY, AND AVAILABLE RESOURCES	03/01/83-10/31/84			$124,463		This project is providing training to State and Area Agency personnel on ways to increase project efficiency and increasing contributions from project participants. The objective of this effort is to limit reductions in services caused by limited program resources.

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MINORITY MANAGEMENT TRAINING PROGRAM IN AGING	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0065 THE NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC., WASHINGTON, DC MINORITY MANAGEMENT TRAINING IN AGING PROGRAM	03/01/81- 02/28/84	$349,976	$341,133	$349,897		The program provides a 9-month management training for minority individuals - Native Americans, Hispanics, Blacks and Asian/Pacific Americans by placing them in participating host agencies within the aging network and private sector agencies.

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HISTORICALLY BLACK COLLEGES AND UNIVERSITIES INITIATIVE	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
AT0073 CHEYNEY STATE COLLEGE, CHEYNEY, PA SELF-HELP SKILLS DEVELOPMENT PROGRAM FOR OLDER PERSONS	10/01/82- 02/29/84		$87,190			This project will develop a model for training older adults in self-help activities related to housing, employment, transportation and health maintenance. Approximately 100 older persons from the Philadelphia area will directly participate in a comprehensive training program which involves knowledge and skills building through group discussions, simulations and field experiences. The program is designed to make older persons more self-reliant and less dependent on public social program for housing, economic support and health services.
AT0074 PRAIRIE VIEW A&M UNIVERSITY, PRAIRIE VIEW, TX HOME CARE MAINTENANCE FOR THE RURAL ELDERLY	10/01/82- 02/29/84		$85,700			The purpose of this project is to provide self-help, housing related activities to 400 older persons in five rural counties that are part of the Houston-Galveston Area Planning Region. Through dissemination efforts, approximately 13,500 other rural older persons will be provided with information that will assist them in upgrading, repairing and renovating their home. Individual home-site as well as group demonstration will be used to provide information on home repair, safety and energy conservation.

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HISTORICALLY BLACK COLLEGES AND UNIVERSITIES INITIATIVE	START AND END DATES	FUNDING FY 1981 & BEFORE	 FY 1982	 FY 1983	 FY 1984	ABSTRACT
90AT0075 SPELMAN COLLEGE, ATLANTA, GA PROJECT GET IN SHAPE	10/01/82- 02/29/84		$87,500			This project is designed to motivate and educate 100 older persons to take the initiative for their health care. The objectives of the project are to: (1) change behavorial patterns and attitudes regarding health care; (2) demonstrate the effectiveness health promotion information; and (4) institutionalize the activities of the project with local systems of care for the aged. Throu workshops in Atlanta area senior centers, housi units for older persons and in the community, t project will focus on physical fitness, nutriti education, accident prevention, control of stre and control of substance abuse.
90AT0076 NORTH CAROLINA CENTRAL UNIVERSITY, DURHAM, NC SELF-HELP EMPLOYMENT SKILLS DEVELOPMENT FOR OLDER AMERICANS	10/01/82- 02/29/84		$88,049			The project is designed to provide training for 300 older persons that will assist them to develop skills in such areas as job assessment, assertiveness training, application completion and job search. Other goals of the project include: -to identify agencies which support and/or improve programs which emphasize training older Americans to be self-sufficient, and -to establish a working relationship among thos organizations which emphasize training older Americans to be self sufficient in the area of employment.

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SERVICES DEVELOPMENT PROJECTS	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
90AD0005 HARTECH ASSOCIATES, INC., PORTLAND, OR TECHNOLOGY COMMERCIALIZATION FOR THE AGING	09/30/82- 12/31/83		125,000			This project will link the needs of older people with the technology commercialization process. the market needs will be converted into products that can be produced and marketed by private sector companies.
90AH0039 CARBIDE RETIREE SERVICE CORPS, INC., NEW YORK, NY USE OF BUSINESS VOLUNTEERS TO HELP STATE AND LOCAL AGENCIES ON AGING	10/01/82- 02/28/84		$100,000			To foster productive working relationships between retired scientific, business trained volunteers and the aging network and to initiate new partnerships between the aging network and the public and private sector involved in technology transfer and technological innovation.

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TECHNICAL ASSISTANCE AWARDS	START AND END DATES	FUNDING				ABSTRACT
		FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	
105-80-C-001 COMMUNITY NUTRITION INSTITUTE, INC., WASHINGTON, D.C. NUTRITION TRAINING AND TECHNICAL ASSISTANCE	09/30/80- 12/15/83	$398,141	$270,971	$53,254		This 3 year training and technical assistance project is designed to increase the capacity of the aging network in managing nutrition services for the elderly. In year 1 three best practice guides related to program, fiscal, & site management were developed and distributed to the network. In year 2 regional training on the guides was held for key State & local staff & a training guide was also disseminated to aging network. In year 3 two regional on-site assistance sessions have been held in each region to provide in-depth help to State and local staff on priority subject matter areas identified by the State Agencies on Aging and AoA Regional offices.
HHS-105-83-3201 ACKO, INC. BOULDER, CO TECHNICAL ASSISTANCE TO TITLE VI INDIAN GRANTEES	09/30/83- 09/29/84		$261,613	$181,435		This contract provides training and on-site technical assistance to 83 Indian Tribal grantees under Title VI of the Older Americans Act. The purpose is to develop and maintain the capacity of the grantees to provide a comprehensive and coordinated system of supportive and nutritional services to older American Indians.

LIST OF OPD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

OTHER SIGNIFICANT AWARDS	START AND END DATES	FUNDING FY 1981 & BEFORE	FY 1982	FY 1983	FY 1984	ABSTRACT
90AP0002 UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CALIFORNIA NATIONAL POLICY STUCY CENTER ON EMPLOYMENT AND RETIREMENT	07/01/80-06/30/84	$184,660	$248,498	$256,563	$171,942	The purpose of this Policy Center is to engage in policy analysis and development in employment. During FY 83, Center staff conducted studies of low income older workers, the relationship of health to the reitrement decision, the changing health status of older workers over time, older worker productivity, health insurance costs of older workers, and the relationship between age, health, and productivity.
90AP0003 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, SAN FRANCISCO, CA. NATIONAL POLICY STUDY CENTER ON HEALTH	07/01/80-06/30/84	$193,034	$185,000	$245,253	$170,042	The purpose of this Policy Center is to engage in policy analysis and development in health. During FY 83, Center staff conducted studies on arthritis, osteoporosis, hearing and vision impairment, the health of single-room occupants, social/health maintenance organizations, and health promotion strategies.
90AP0005 BRANDEIS UNIVERSITY, WALTHAM, MASSACHUSETTS NATIONAL POLICY STUDY CENTER ON INCOME MAINTENANCE	07/01/80-08/31/84	$193,232	$187,556	$273,333	$189,511	The purpose of this Policy Center is to engage in policy analysis and development in areas related to income maintenace. During FY 83, Center staff conducted studies of minority pension coverage, employee retirement incentive programs, transportation demand, and targeting Title III resources on low income older persons.
90AP0004 UNIVERSITY OF MICHIGAN, ANN ARBOR, MICHIGAN NATIONAL POLICY STUDY CENTER ON HOUSING	10/30/80-02/28/83			$28,501		The purpose of this Policy Center is to engage in policy analysis and development in housing. During FY 83, Center staff completed comprehensive framework on housing policy issues.

LIST OF OPD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

OTHER SIGNIFICANT AWARDS	START AND END DATES	FUNDING FY 1981 & BEFORE	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
DISASTER ASSISTANCE	N/A- -	$20,899	$81,500	$65,315		In accordance with Section 310 of the Older Americans Act, awards are made to reimburse States for funds made available to area agencies during any major disaster declared by the President.
STATE EDUCATION AND TRAINING PROGRAM	10/01/80- 09/30/83	$4,241,644	$3,508,730	$2,244,009		Grants are made to each State and Territory to support training and technical assistance to improve the skills, knowledge, and performance of State and area agency, and service provider staff. In addition, this program promotes inter- and intra-state activities which bring together the resources of agencies and organizations concerned with education and training in the field of aging.
LEGAL, PROTECTIVE, AND OMBUDSMAN SERVICES DEVELOPERS	09/30/83- 09/30/84	$3,902,590	$2,852,000	$2,852,020		Awards are made to each State and Territory to address such issues as nursing home regulations, abuse of residents' personal funds, and restrictions on access to nursing homes.

SOCIAL SECURITY ADMINISTRATION

PROGRAMS ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION

The Social Security Administration (SSA) administers the Federal old-age, survivors, and disability insurance (OASDI) program (title II of the Social Security Act). OASDI is the basic program in the United States that assures income to individuals and families when workers retire, become disabled, or die. The basic idea of the cash benefits program is that, while they are working, employees and their employers pay earmarked social security contributions (FICA taxes); the self-employed also contribute a percentage of their net earnings. Then, when earnings stop, or are reduced because of retirement in old age, death, or disability, cash benefits are paid to partially replace the earnings that were lost. Current contributions are largely paid out in current benefits. However, at the same time, current workers build rights to future benefit protection.

SSA also administers the supplemental security income (SSI) program for aged, blind, and disabled people in financial need (title XVI of the Social Security Act). SSI provides a federally financed floor of income for eligible individuals with limited income and resources. In most cases, SSI supplements income from other sources including social security benefits.

The low-income home energy assistance program, which provides grants to States to help low-income households offset the rising costs of home energy, is also administer by the Social Security Administration.

SSA shares responsibility for the black lung program with the Department of Labor; SSA is responsible, under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973, and for payment of black lung benefits to certain survivors of miners.

Local Social Security offices process applications for entitlement to the medicare program and assist individuals in filing claims for medicare benefits. Overall Federal administrative responsibility for the medicare program rests with the Health Care Financing Administration, HHS.

Following is a summary of beneficiary levels, selected administrative activities, precedential court decisions, and social security-related legislation enacted in fiscal year 1983.

I. SOCIAL SECURITY AMENDMENTS OF 1983

The Social Security Amendments of 1983 (Public Law 98-21), enacted on April 20, 1983, restored the financial soundness of social security. The program had faced severe cash shortfalls over the next few years as well as a large long-term deficit. The legislation enacts the major recommendations of the National Commission on Social Security Reform and makes comprehensive changes in social security financial methods and benefit structure.

The National Commission on Social Security Reform was established by President Reagan in December 1981, to identify solutions to the social security financing problems that will assure both the financial integrity of the system and the provision of appropriate benefits. The President, the majority leader of the Senate, and the speaker of the House of Representatives each selected 5 members of the 15-member Commission. The Commission reported its analysis and recommendations to the President, the Congress, and the Secretary of Health and Human Services on January 20, 1983.

II. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1983, about 94 percent of all Americans age 65 and over were drawing social security benefits, or were eligible to draw benefits if they or their spouses retired; about 95 percent of the people who reached 65 in 1983 were eligible for benefits. It is expected that 96 percent of the aged will be eligible for social security benefits by the end of the century.

At the end of September 1983, 35.9 million people were receiving monthly social security cash benefits, compared to 35.6 million in September 1982. Of these beneficiaries, 21.3 million were retired workers, 3.5 million were dependents of retired workers, 3.8 million were disabled workers and their dependents, 7.2 million were survivors of deceased workers and 53,300 were uninsured individuals receiving "special age-72" (Prouty) benefits.

The monthly amount of benefits paid for September 1983 was $13.6 billion, compared to $13.2 billion for September 1982. Of this amount, $9.7 billion was paid to retired workers and their dependents, $1.3 billion was paid to disabled workers and their dependents, $2.5 billion was paid to survivors, and $6.7 million was paid to special age-72 beneficiaries.

Retired workers received an average benefit for September 1983 of $424 (up from $417 in September 1982), while disabled workers received an average benefit of $440. Retired workers newly awarded social security benefits for September 1983 averaged $404, while disabled workers received an average initial benefit of $443. During fiscal year 1983 (October 1982 to September 1983), $166 billion in social security cash benefits were paid, compared to $152 billion in fiscal year 1982. Of that total, retired workers and their dependents received $112.9 billion, disabled workers and their dependents received $17.6 billion, survivors received $35.1 billion, and special age-72 beneficiaries received $89.1 million. In addition, lump-sum death payments amounted to $206.4 million.

In January 1984, monthly benefits will be increased to reflect a 3.5-percent increase in the Consumer Price Index (CPI). Under the 1983 amendments future cost-of-living increases are provided for December of each year, payable the following January (rather than for June, payable in July) as under prior law.

III. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

The Social Security Amendments of 1983 provided for a general SSI benefit increase effective July 1983, which raised maximum monthly Federal SSI payment levels from $284.30 to $304.30 for an individual and from $426.40 to $456.40 for a couple. In January 1984, Federal SSI payment levels will be increased to reflect a 3.5-percent increase in the Consumer Price Index. As a result, the maximum payment will be $314 for an individual and $472 for a couple. These benefits are financed from general revenues.

During fiscal year 1983, about $8.9 billion in benefits (consisting of $7.2 billion in Federal funds and $1.7 billion in federally administered State supplements) were paid. Of 3.9 million beneficiaries on the rolls during September 1983, nearly 1.985 million were aged 65 or older. Of the beneficiaries aged 65 or older, 485,000 were initially eligible to receive benefits based on disability or blindness before age 65. Nearly 1.915 million beneficiaries were blind or disabled and under age 65. During September 1983, Federal SSI benefits and federally administered State supplementary payments totaling $828 million were made. The total Federal and federally administered State supplementary payments in fiscal year 1983 represent an increase of about $0.3 billion over fiscal year 1982.

January 1984 marks SSI's 10th anniversary. The SSI program, after its first 10 years of life, adheres to the basic principles on which the Congress built the program. It has retained the simplicity of the flat grant approach and continues to place emphasis on providing incentives to work and rehabilitation. By and large the program still retains the characteristic of a program that supplements other income: Recipients are still expected to seek all other benefits to which they are entitled and the SSI program is still expected only to bring them up to the nationally established floor of income.

IV. LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Beginning in October 1980, SSA was given Federal administrative responsibility for a program of low-income home energy assistance. The program helps low-income households meet the cost of home energy. Congress authorized, in the Omnibus Budget Reconciliation Act of 1981, $1.875 billion annually for the Low Income Home Energy Assistance Act for fiscal years 1982 through 1984. However, for fiscal year 1983 Congress authorized $1.975 billion. Block grants are made to States, territories, and eligible applicant Indian tribes. Grantees may provide heating, cooling, energy crisis intervention assistance and low-cost residential weatherization or energy-related home repair to eligible households. Grantees can make payments to households with incomes less than 150 percent of the poverty guidelines, or 60 percent of the State's median income, or to households which contain an individual who receives supplemental security income, food stamps, aid to families with dependent children, or needs-tested veterans benefits.

Low-income elderly households are a major target group for energy assistance. On average, they spend a greater portion of their income for heating costs than other low-income households. Grantees are required to target outreach activities to elderly or handicapped households eligible for energy assistance. Grantees can elect to provide other forms of priority treatment to these households. For example, a number of States provide the elderly and handicapped with easier application procedures, higher benefits, or favorable assets or income standards.

In fiscal year 1982, more than 40 percent of households receiving assistance with heating costs included at least one person age 60 or over. Based on preliminary reports, the percentage was approximately the same for fiscal year 1983.

V. BLACK LUNG BENEFITS AND BENEFICIARIES

Although responsibility for new black lung miner claims shifted to the Department of Labor (DOL) in July 1973, SSA continues to pay black lung benefits to a significant, but gradually declining, number of miners and survivors. (While DOL administers new claims under part C of the Federal Coal Mine Safety and Health Act, SSA is still responsible for administering part B of the act.) During September 1983, about 338,000 individuals (210,000 age 65 or older) received $87.4 million in black lung benefits which were administered by the Social Security Administration. These benefits are financed from general revenues. Of these individuals, 96,000 miners received $42.2 million, and 143,000 widows received $45.2 million. About 85,000 of the miners and 125,000 of the widows were age 65 or older. The miners and widows had 99,000 dependents. During fiscal year 1983, SSA administered black lung payments in the amount of $1.1 billion.

Black lung benefits will increase by 3.5 percent effective January 1984 due to an automatic general benefit increase adjustment under the law. The monthly payment to a coal miner disabled by black lung disease will increase to $315.60 from $305. The monthly benefit for a miner or widow with one dependent will be $473.30 and with two dependents will be $552.20. The maximum monthly benefit payable when there are three or more dependents will be $631.10.

VI. SSA ADMINISTRATIVE GOALS AND ACCOMPLISHMENTS

During fiscal year 1983, SSA emphasized the continuing improvement of systems performance, fiscal integrity, and the disability insurance program. Attention was also given to implementing the provisions of the 1983 amendments stemming from the recommendations of the National Commission on Social Security Reform.

Implementation of the 5-year systems modernization plan initiated in 1982 continues. This plan concentrates both on improving systems performance in the short term and on ultimately bringing SSA's archaic systems capability current with modern systems technology.

Measures taken in 1983 to improve fiscal integrity were concentrated in the areas of overpayment avoidance and debt management. Quality appraisal data indicate that the majority of overpayments in the title II (old-age, survivors, and disability) programs are caused by beneficiary failure to report earnings. Therefore, the agency has emphasized reporting requirements and earnings enforcement operations. Vigorous debt collection, tempered with careful attention to beneficiary rights, has also been emphasized and resulted in a 30-percent increase in debt collections during 1983.

In the disability program, SSA undertook a number of initiatives designed to improve the disability review process and related areas, including face-to-face interviews at the start of the review and reducing the number of beneficiaries subject to review. Additionally, a package of major disability reforms was initiated, including the start of a comprehensive review of disability policy and procedures.

SSA implemented the provision of Public Law 97-455 (see section IX) relating to continuing payment of disability benefits during appeal, and initiated pilot projects to test the provision for face-to-face evidentiary hearings.

Further review of the disability, as well as all SSA programs, to assure that service is uniform, courteous, sensitive, and dignified, is one of the agency's priority goals.

VII. COMMUNICATION AND SERVICES

Information Activities

A wide variety of informational materials was produced in connection with changes under Public Law 98-21, the 1983 Social Security Amendments. The informational material, including new releases, radio spot announcements, and about 4 million copies of a leaflet explaining the major provisions of the amendments, explained how this law changed the social security programs. In addition, over 100 million copies of about 50 publications were produced in 1983 explaining social security, SSI, and medicare.

SSA also produced audiovisual materials to keep the public informed about social security programs. These include films, television spots, radio programs, and spot announcements in English and Spanish. Among these is a 23-minute film, "Social Security: A Plan for All Seasons," hosted by Bob Hope and Marie Osmond, which illustrates the role of social security in every age of people's lives. Also, seven 15-minute programs were produced and broadcast by 500 cable systems across the country. Each program covered a different subject; the final program explained the 1983 amendments and how they strengthened the social security system.

Coverage of Federal, State, Local, and Nonprofit Employees

The Social Security Amendments of 1983 mandated coverage for Federal employees hired after December 31, 1983 and for several categories of current Federal employees, effective January 1, 1984. Coverage was extended to employees of the legislative branch not covered by the civil service retirement system on December 31, 1983 and to all current Members of Congress, the President, the Vice President, Federal judges, and most executive level political appointees.

In addition, the amendments mandatorily covered all nonprofit employees effective January 1, 1984, and prohibited States from terminating social security coverage for State and local employees.

Because of these and other changes affecting public and nonprofit employees, SSA took several actions to insure that these employees were informed about the value of social security and their rights and responsibilities under the program. SSA worked with the Office of Personnel Management and the Internal Revenue Service to assure that affected employers and employees were informed of the changes. Special information packages and training guides were developed and made available to Federal agencies, and information leaflets directed to State and local nonprofit employees were updated.

SSA is continuing to work with national organizations to insure that information about social security will be made available to all newly covered employees. SSA will also work with State officials and organizations to assure that State and local employees are kept informed about the advantages of social security coverage.

The Year of Disabled Persons—Continuing Initiatives

In the fall of 1980, SSA joined other Federal Government agencies in setting up its own agencywide program to support the 1981 worldwide observance of the International Year of Disabled Persons (IYDP). The success of that effort resulted in a decision to continue the program throughout 2 additional fiscal years. Priority areas included: Removal of architectural barriers to make offices more accessible to disabled persons, the fostering of a better understanding of the abilities of handicapped employees, and making available equipment and devices to assist handicapped persons to perform tasks that were difficult or impossible for them to perform.

Representative Payee Initiatives

SSA/VA pilot project

The Social Security Administration/Veterans Administration (VA) Interagency Task Force has agreed on a pilot project in the Chicago and Dallas regions to increase mutual assistance between the two agencies in cases where a representative payee is needed for a beneficiary of both programs. The project's primary purpose is to determine the value of increased cooperation and exchange of information in the representative payee area where both SSA and VA benefits are involved. The 6-month project started December 1, 1983.

SSA/AARP pilot project

The Social Security Administration is working with the American Association of Retired Persons (AARP) in a pilot project where AARP finds, trains, and monitors volunteers who serve as representative payees when SSA cannot locate a suitable payee. The project seeks to develop an all volunteer model delivery system and to demonstrate its effectiveness in Washington, D.C., and two replication sites in rural western Virginia and Baltimore, Md.

VIII. PRECEDENT-SETTING COURT DECISIONS THAT AFFECT THE ELDERLY MADE DURING FISCAL YEAR 1983

Mathews-Government Pension Offset Provision

Under the Government pension offset provision, a person's social security spouse's benefit is reduced by the amount of any pension he or she may receive based on his or her own work in Government employment not covered by social security. The provision contains an exception clause allowing people who were eligible for their Government pensions before December 1, 1982, to receive full social security spouse's benefits if they can meet the eligibility criteria under the law as administered by SSA in January 1977. Since, under the rules in 1977, a husband had to receive one-half support from his wife in order to be eligible for a spouse's benefit, most men cannot qualify for the exception and cannot receive full security spouse's benefits.

On August 24, 1982, a U.S. district court decision (*Mathews et al* v. *Schweiker*) held that the exception to the pension offset is unconstitutional because it has the effect of continuing the one-half support test, which applied only to males and which was found to be unconstitutional by the Supreme Court. The district court also declared unconstitutional the separability clause enacted as part of the exception. (Congress, in anticipation of a constitutional challenge, had legislated that, should be the exception be found unconstitutional, the offset would become immediately effective for everyone without exception.) The effect of the court's striking down both the exception and the separability clause would be to require SSA to pay full husband's benefits to all members of the class.

On October 12, 1982, the district court granted the Government's motion for a stay of the court order in this case pending appeal to the Supreme Court, which heard this case on December 5, 1983.

Buffington-Personal Conferences

In June 1979, the U.S. Supreme Court ruled in *Yamasaki* that SSA must provide a title II beneficiary with an opportunity for a prerecoupment personal conference before a request for waiver of an outstanding overpayment can be denied. SSA and plaintiffs' attorneys differed in the interpretation of the Supreme Court's decision. SSA has interpreted the Court decision as requiring SSA to provide an individual an opportunity for a personal conference. The plaintiffs' attorneys view *Yamasaki* as requiring SSA to automatically schedule a personal conference in every case. At the direction of the Court, procedures implementing automatic scheduling of a conference have been ordered in the State of Hawaii.

In June 1982, the Circuit Court of Appeals upheld the district court and held that SSA is required to automatically schedule a personal conference in Hawaii. SSA recommended seeking Supreme Court review of *Yamasaki*, but the Solicitor General declined to appeal that case.

On October 28, 1983, the Ninth Circuit Court of Appeals granted plaintiffs' motion for summary affirmance of the district court's order in *Buffington*. On this nationwide class action, the district court had ruled, following *Yamasaki*, that SSA must automatically schedule a prerecoupment oral conference when a written request for a waiver determination on an overpayment of title II benefits cannot be granted. SSA was required to and did implement the district court's order nationally on April 11, 1983. Personal conferences are now automatically scheduled in title II overpayment cases where waiver cannot be granted in an initial paper review. SSA recommended against seeking Supreme Court review in *Buffington* and the Solicitor General did not appeal that case.

IX. SUMMARY OF LEGISLATION ENACTED IN FISCAL YEAR 1983 THAT SIGNIFICANTLY AFFECTS SSA

Public Law 97-377 (H.J. Res. 631), Making Further Continuing Appropriations for Fiscal Year 1983 and Also Making Certain Changes Affecting the SSI and AFDC Programs—Signed on December 21, 1982

Provides that from December 18, 1982, to September 30, 1983, SSA will not count as income for SSI and AFDC purposes, home energy assistance which is provided by a private nonprofit organization, or by an entity whose revenues are primarily derived on a rate-of-return basis regulated by a State or Federal governmental body, if the appropriate State agency certifies that the assistance is based on need as determined by the provider.

Public Law 97-424 (H.R. 6211), the Surface Transportation Assistance Act of 1982—Signed on January 6, 1983

Excludes privately funded home energy assistance from income counting for SSI and for AFDC (at State option) if, as determined under Federal regulations, an appropriate State agency determines that the assistance is based on needs and:

—Is furnished in kind by a private, nonprofit organization; or

—Is furnished in cash or in kind by a home heating gas or oil supplier, or by a publicly regulated or municipally owned utility providing home energy.

The exclusions will be effective for home energy assistance received in months beginning on or after the month of enactment (January 1983) up to July 1, 1985.

Requires that the Secretary report to the Congress prior to April 1, 1985, on the implementation and the results of these exclusions together with a recommendation as to whether the exclusions should be extended.

Public Law 97-455 (H.R. 7093), a Virgin Island Tax Bill Containing Provisions To Modify the Social Security Disability Review Process and the Public Pension Offset Provision—Signed on January 12, 1983

Permits, on a temporary basis, a disability insurance beneficiary who is found not to be disabled to elect to have benefits and medicare coverage continued through the administrative law judge (ALJ) hearing, effective for benefits beginning January 1983 with respect to termination decisions made by State agencies between January and October 1983, but the last month for which payment could be continued would be June 1984. (See Public Law 98-118, below.)

Requires the Secretary to provide the opportunity for a face-to-face, evidentiary hearing during reconsideration of any decision that disability has ceased, effective with respect to reconsiderations requested on or after a date to be specified by the Secretary, but no later than January 1, 1984.

Requires the Secretary to take necessary steps to assure public understanding of the importance Congress attaches to the face-to-face reconsiderations discussed above, including advising beneficiaries of the procedures during the reconsideration, of their opportunity to introduce evidence and be represented by counsel at the reconsideration, and of the importance of submitting all evidence at the reconsideration.

Permits the Secretary of HHS to reduce, on a State-by-State basis, the flow of cases sent to State agencies for periodic review of continuing eligibility, even if this means that the initial periodic review of the rolls cannot be completed within 3 years. Under the law, decisions on State periodic review levels would be based on such factors as State workloads and staffing requirements.

Requires the Secretary to make semiannual reports to the Senate Committee on Finance and the House Committee on Ways and Means on the results of continuing disability investigations. The report is to include the number of such investigations which result in termination of benefits, the number of terminations appealed to the reconsideration or hearing levels or both, and the number of reversals on those appeals.

Modifies the exception clause in the spouse's governmental pension offset and extends it, for a 7-month period, to those becoming eligible for a public pension based on noncovered employment between December 1, 1982 and July 1, 1983. Under the modification, only those (both men and women) who met the one-half support test (as it applied to men in January 1977) were excepted from the offset. This provision was further modified by Public Law 98-21, summarized below.

Public Law 98-21 (H.R. 1900), Social Security Amendments of 1983—Signed on April 20, 1983

Major provisions of the legislation follow:

Covers under social security the following groups: (1) All Federal employees hired on or after January 1, 1984; (2) current employees of the legislative branch not participating in the civil service retirement system on December 31, 1983; and (3) all Members of Congress, the President and the Vice President, Federal judges, and other executive-level political appointees of the Federal Government, effective January 1, 1984. (See Public Law 98-118 for a modification of this provision.)

Covers under social security on a mandatory basis all employees of tax-exempt nonprofit organizations as of January 1, 1984.

Prohibits States from terminating social security coverage for State and local employees.

Eliminates windfall social security benefits for workers who are first eligible after 1985 for both a pension from noncovered employment and social security retirement or disability benefits.

Requires the Secretary of HHS, in consultation with the Senate Finance Committee and the House Ways and Means Committee to report on specific recomendations to implement an earnings sharing plan.

Eliminates virtually all remaining gender-based distinctions.

Continues social security benefits for disabled widow(er)s and surviving divorced spouses upon remarriage after entitlement to benefits.

Increases benefits for disabled widows or widowers who become eligible for benefits before age 60.

Permits a divorced spouse age 62 or over and who has been divorced for at least 2 years to draw spouse's benefits whether or not the former spouse who is eligible for retirmeent benefits has retired or applied for benefits.

Provides a different method for computing widows and widowers benefits that will increase benefits for many people whose spouses died before reaching age 62.

Changes the earnings test for beneficiaries age 65 and over so that $1 in benefits will be withheld for each $3 of earnings above the annual exempt amount, beginning in 1990.

Increases the delayed retirement credit from 3 percent for workers reaching full retirement age (age 65) before 1990, to 8 percent for workers reaching full retirement age after 2007.

Delays the June 1983 cost-of-living adjustment unitl December (January 3, 1984 checks) and provides for future adjustments on a calendar-year basis, payable in January rather than July of each year.

Advances scheduled increases in social security tax rates. Social security tax rates (which include the hospital insurance tax rates) for employers and employees will increase to 7 percent in 1984, 7.05 percent in 1985, 7.15 percent in 1986–87, 7.51 percent in 1988–89 and 7.65 percent in 1990 and thereafter.

Increases tax rates on self-employment income equal to the combined employee-employer rates and provides credits against tax liability to offset part of the increase.

Reauthorizes interfund borrowing among the three social security trust funds for calendar years 1983 through 1987.

Requires operations of the four social security trust funds to be shown as a separate function within the Federal budet for fiscal years 1985–92 and removes operation of the trust funds from the unified budget beginning in fiscal year 1993.

Requires the chairman of the House Ways and Means Committee and the Senate Finance Committee to appoint a panel to conduct a study concerning the establishment of the Social Security Administration as an independent agency.

Transfers to the social security trust funds from the general fund lump sum payments for: (1) The value of the additional social security benefits arising from pre-1957 gratuitous military service wage credits; (2) the amount equivalent to the combined employer-employee social security taxes on the gratuitous military service wage credits for the period from 1957–83. Reimburses the trust funds on an annual basis for employer-employee taxes on such wage credits for service after 1983.

Provides for cost-of-living increases based on prices or wages—whichever is less—if the trust funds fall below a specified level.

Beginning in 1984, includes up to one-half of social security benefits as taxable income for taxpayers whose adjusted gross income combined with half their benefits exceeds $25,000 for a single taxpayer and $32,000 for married taxpayers filing jointly. Benefits received by married taxpayers filing separately would be taxable without regard to other income. Appropriates estimated tax receipts to social security trust funds.

Raises the retirement age in two stages to 67 by the year 2027. Workers born in 1938 will be the first group affected by the gradual increase. Benefits will still be available at age 62, but with greater reduction.

Suspends benefits (with certain exemptions) to aliens receiving benefits as a dependent or survivor of an insured worker (whether or not the worker is a U.S. citizen) when the alien beneficiary has been outside the United States for 6 consecutive calendar months.

Extends the current limitation on payment of disability insurance benefits to convicted felons while in prison to include old-age and survivors insurance benefits.

Requires the Secretary of HHS to conduct a comprehensive study and analysis of the implications of the changes in retirement age for those individuals affected by the provision for increasing full retirement age who, because they are engaging in physically demanding employment or because they are unable to extend their working careers for health reasons, may not find their work lifetimes are increased as a result of general improvements in longevity.

Establishment of a system under which the States can voluntarily contract with HHS to supply information derived from official death certificates to facilitate comparison with benefit program records in order to prevent payments from being made to deceased persons.

Issuance of all new and replacement social security cards issued after October 30, 1983, on banknote paper, so as to be as counterfeit proof as practicable.

The law makes other changers in social security, medicare, and supplemental security income. For instance, it provides for increase in SSI benefit rates in July 1983 by $20 for an individual and $30 for a couple. Future automatic SSI cost-of-living increases will be made in January.

Public Law 98-118 (H.R. 4101), Extension of Supplemental Unemployment Benefits (Containing Two Social Security Amendments)—Signed on October 11, 1983

Provides a 67-day extension (from October 1, 1983 to December 7, 1983) of the temporary provision in Public Law 97-455 to continue disability payments during appeal.

Modifies Public Law 98-21, the Social Security Amendments of 1983, to delay for 2 years (from January 1, 1984 to January 1, 1986) the effective date of the provision to treat as wages for social security purposes compensation paid to retired judges for periods when they assume a judicial workload.

Public Law 98-213, (S. 589), Capital Improvement Projects on Guam—Signed on December 8, 1983

Contains a social security-related amendment to delay the date of full application of the U.S. social security system to the Northern Mariana Islands to January 1 of the first calendar year following termination of the trusteeship of the Trust Territory of the Pacific Islands (rather than the date of termination of the trusteeship as approved by Public Law 94-241.)

HEALTH CARE FINANCING ADMINISTRATION

LONG-TERM CARE

The mission of HCFA is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million aged, disabled, and poor Americans.

Medicaid and medicare are the principal sources of funding for long-term care in the United States. The primary types of care reimbursed by these programs of HCFA are skilled nursing facilities (SNF's), intermediate care facilities (ICF's), and home health services.

HCFA's Office of Research and Demonstrations (ORD) conducts studies and projects that demonstrate and evaluate optional reimbursement, coverage, eligibility, and management alternatives to the present medicaid and medicare programs. ORD also assesses the impact of beneficiary access to services, health care providers, and the health care industry.

DEMONSTRATION ACTIVITIES

In 1983. HCFA continued a number of demonstrations aimed at testing the effectiveness of community-based and in-home devivery systems for long-term care services. These projects focus on the coordination and management of an appropriate mix of health and social services directed at individual client needs. Since some of these projects were scheduled for completion in late 1983 and early 1984, HCFA initiated the development of demonstrations which will test the cost effectiveness of prospective payment approaches for home health agencies.

Studies and demonstrations are being conducted to assess the impact of new reimbursement strategies to promote cost containment and foster quality of care. Efforts are also underway to identify more effective long-term care quality assurance techniques and to improve the statistics and baseline information upon which future assessment of needs, problem identification, and policy decisions will be based.

DEMONSTRATION PROJECTS AND INITIATIVES—1983

NATIONAL LONG-TERM CARE CHANNELING DEMONSTRATION PROGRAM

This intradepartmental effort was launched in an attempt to test the ability of community-based long-term care projects to address many of the inefficiencies in the existing long-term care system and assess the factors which influence their structure. The program includes the close cooperation of HCFA, the Administration on Aging, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) which was designated the lead agency in the effort. A steering committee of senior policy officials in these agencies has been established under the chairmanship of ASPE to set broad goals and provide policy guidance regarding the program. A management team has also provide established, composed of senior staff in each participating agency, which has responsibility for providing technical direction and management on all aspects of the program. The department announced implementation of the program on September 30, 1980.

The national long-term care channeling demonstration program includes the following three components:

1. Channeling Demonstrations

The term "channeling" refers to the organization or operating system required in a community to insure that a client receives the long-term care services he/she needs. Each project site in the national demonstration will provide outreach/care finding, screening, comprehensive client assessment, and case management.

Ten States were awarded contracts to participate in this demonstration program. Five States were designated as basic model projects in which channeling sites would provide only the core channelling functions: outreach, screening, assessment, and case management. In addition, these sites were also awarded a specific amount of gap-filling service funds. The five basic model States are Maine, Kentucky, New Jersey, Texas, and Maryland. Sites in these States began serving clients in February 1982.

The remaining five States—Pennsylvania, Ohio, Massachusetts, Florida, and New York—were designated complex model projects. These projects modify the basic model approach by adding three program elements: Expanded medicare and medicaid service coverage, authorization to approve reimbursement for services, and limitations on per capita expenditures. By June 1982, the complex model sities began serving clients. The demonstration will continue to operate through March 1983.

2. Evaluation Contract

A contract was awarded to Mathematica Policy Research, Inc., to conduct the evaluation. Mathematica is collecting uniform data from the 10 projects on client characteristics, outcomes, and service and administrative costs. In addition, the evaluator will assist the projects in utilizing procedures for randomizing the potential client population into experimental and control groups. The total research sample is 4,900 clients which includes 2,100 control group participants. While Mathematica will submit interim reports during the course of the demonstration, the final evaluation report will be available in early 1986. The evaluation will attempt to answer the following-term care policy questions:

—Is channeling a cost-effective long-term care policy intervention, and is it relatively more cost effective for certain types of channeling interventions and certain subgroups of the target population?

—Does channeling reduce institutionalization and increase the utilization of community and informal health and social services by clients?

—Does channeling reduce the public costs of long-term care; how does it affect private expenditures for services; what are the costs of channeling itself and what determines these costs?

—Does channeling result in reduced functional deterioration, improved quality of life, and lower mortality for channeling clients as compared to the control group?

—Does the channeling intervention and variations of it strengthen the capacity of the long-term care system to meet client needs in an efficient and effective manner, and what approaches to implementing channeling would be most effective for national replication?

3. Technical Assistance Contract

A technical assistance contract was awarded to Temple University Institute on Aging to provide support to the demonstration projects in developing uniform assessment and data collection procedures. Temple has the responsibility for conducting quality control reviews.

AFDC HOMEMAKER/HOME HEALTH AIDE DEMONSTRATION

Section 966 of Public Law 96-499, the Omnibus Reconciliation Act of 1980, authorized the Secretary to enter into agreements with States for the purpose of conducting demonstration projects for the training and subsidized employment of AFDC recipients as homemakers and home health aides. Each State will train approximately

500 AFDC recipients as homemaker/home health aides to provide supportive services to elderly and disabled individuals who, without these services would require institutionalization. The medicaid program pays for the costs of the demonstration project, including the wages and employment costs of the AFDC participants. The Federal medicaid match was increased to 90 percent as an incentive for State participation. The project includes a 6-month planning and developmental period, a 3-year operational phase, and a 6-month wind-down period for the purpose of final reporting and evaluation. The demonstration began in January 1983. The seven States selected for participation are Ohio, New Jersey, Arkansas, Texas, South Carolina, New York, and Kentucky.

Two major issues will be examined in this demonstration:

—The extent to which training AFDC recipients as homemaker/home health aides is feasible and results on continued, nonsubsidized, productive employment for the trainees; and

—Whether the provision of homemaker/home health aide services to elderly or disabled individuals, who would otherwise not receive these services, results in a lower use of institutional care, under the assumption that they would be reasonably anticipated to require institutional care.

In terms of expected results, three issues emerge: (1) The first phase will examine feasibility issues such as how many and what kind of AFDC recipients apply and are accepted into the program, how effective is the training, and whether the availability of subsidized services expands the home care service population; (2) in the interim phase, the employment status of the trainees and the institutional status of the service recipients will be investigated (e.g., do trainees continue in the program, what services do clients receive and for how long?); and (3) the final evaluation phase will thoroughly examine the net cost effectiveness of the program in reducing welfare dependency and institutionalization/care costs for service clients. Final results are expected by December 1986.

LONG-TERM CARE PROJECT OF NORTH SAN DIEGO COUNTY (CALIFORNIA)

This project is in its fourth and final year which will end January 15, 1984. It was conducted by the Allied Home Health Association (AHHA), a certified medicare home health agency. The hypothesis the project tested was that a coordinated system of long-term care service delivery, providing continuity of care with a wide array of in-home, community-based, and institutional resources, stressing client education for selfcare and client participation in care plan development, would result in clients achieving and maintaining optimal health status and functional independence and would assist in containing the overall costs of health care. Eligibility under the project was limited to individuals age 65 and over who were enrolled in medicare and who met one of six special criteria concerning the need for long-term care services and risk of institutionalization.

The project built upon the existing scope of medicare-covered home health services provided by AHHA, the Visiting Nurse Association of San Diego, and San Diego Home Patient Care. Through this delivery model, the project linked an existing information and referral network with a centralized single entry system. AHHA directly provided case management and client assessment servcies and developed each patient's plan of care. In addition, AHHA also contracted with 19 suppliers of social and health services for the direct delivery of waivered services to clients under the project and coordinated service delivery with a multitude of other community-based organizations.

Contract services under the demonstration ended for all project clients on September 30, 1983, with case management services being available through October 31, 1983, to assure successful placement of clients in the community. No significant problems in client placement were experienced. The project is now preparing its final report which is due by March 1984. Berkeley Planning Associates (BPA) is performing a separate evaluation of this project as part of its cross-cutting evaluation of 14 long-term care projects. BPA's evaluation report is expected in April 1984.

TEXAS, "MODIFICATION OF THE TEXAS SYSTEM OF CARE FOR THE ELDERLY: ALTERNATIVES TO THE INSTITUTIONAL AGED"

The Texas Department of Human Resources (DHR) is currently in the fifth year of a demonstration project which is designed to reduce the growth of nursing homes in Texas while at the same time expanding access to community care services for needy individuals. The demonstration was initiated as a result of a State legislative mandate which required DHR to eliminate one of the two medicaid intermediate care facility (ICF) levels of care (the ICF-II level) and provide community-based services to deinstitutionalized patients. For individuals who are deinstitutionalized, a care plan is developed and arrangements for in-home services through community service providers are made. The following services are provided: Medicaid home care benefits, medicaid personal care benefits, title XX adult in-home services, and section 1115 waivered community-based in-home supportive services.

Substantial progress has been made over the first 4 years in implementing the project. Of the 15,486 individuals in the "ICF-II cohort" group in March 1980, only 5,642 (or 36.4 percent) were still receiving ICF-II services in January 1983. Another 1,724 "special II's" were also receiving ICF-II services as of that date. The institutional population decreased 11 percent from March 1980 to January 1983, from 64,881 to 57,754, and acutal monthly expenditures for all institutional services were virtually equal, i.e., $37.7 million in January 1983 versus $38 million in March 1980. (If inflation were taken into account, there would be a significant reduction in monthly expenditures.)

In February 1983, a monthly average of 42,500 individuals were receiving community-based services, up 12.5 percent from 37,200 in March 1980. Moreover, these services were supporting many individuals who qualified for institutional care. (An estimated three of every four of the community care recipients qualified for the institutional care services that were available before the program was restructured.)

CALIFORNIA MULTIPURPOSE SENIOR SERVICES PROJECT (MSSP)

The State of California multipurpose senior services project (MSSP) implemented a State statute (AB 998) in eight sites across the State. Each site provides single entry access to the health and social services system through case management, care planning, and needs assessment. Sites provided direct services and contracted with local providers for services. Among the services were: Adult social day care, protective service, in-home support services, legal services, nonmedical transportation, and meal services. Eligibility was limited to individuals age 65 and over who were eligible for Medi-Cal (medicaid) and who were at risk of institutionalization in an acute care facility or a skilled nursing facility. The project served approximately 1,900 experimental patients and 2,500 control patients.

During the final year of the project (which included a 6-month extension), the focus of the project has been upon termination procedures, evaluation, and writing a final report. Contract services under the demonstration ended June 30, 1983, with case management services being available through September 30, 1983, for clients requiring followup assistance.

As of July 1, 1983, arrangements for approximately 65 percent of the demonstration client population to receive services in the community were made in accordance with each client's plan of care. The remaining 35 percent of the demonstration clients were determined eligible for continued services under the State's approved section 2176 home and community-based services program. No major problems in the termination process were encountered. The State is now completing its evaluation and preparing its final report which is expected in April 1984.

NEW YORK CITY, DELIVERY OF MEDICAL AND SOCIAL SERVICES TO THE HOMEBOUND ELDERLY

The New York City Department for the Aging is testing a method of providing a spectrum of medical and social services to homebound chronically ill persons 65 and over who are entitled to medicare and who have limited or no access to medical care. Services provided through the medicare waivers are the core around which other community services are obtained for project clients. These services are: (1) Homemaker services; (2) personal care services; (3) transportation and escort services; (4) drugs and biologicals; and (5) case management and client assessment. Four neighborhood-based service sites conduct centralized intake, assessment, care planning and reassessment and monitoring.

The project is in its final year and is scheduled to end March 31, 1984. Throughout the project, the four service sites each served 100 experimental clients (totaling 400 for the project) with a comparison group of 200 clients. However, due to the shortage of skilled nursing facilities and other long-term care resources in the New York City area, termination of clients from the project began in May 1983, as beds and other resources became available. By the end of December 1983, less than 120 clients remained in the project. The project's final report is due by March 1, 1984. A separate evaluation is also being performed by Berkeley Planning Associates.

SAN FRANCISCO, MT. ZION HOSPITAL LONG-TERM CARE DEMONSTRATION DESIGN AND DEVELOPMENT

The Mt. Zion Hospital and Medical Center completed a medicare demonstration under section 222 of the Social Security Amendments of 1972 that implemented a hospital-based long-term care services delivery system in a designated service area. A consortium of five service providers under the direction of Mt. Zion cooperated to provide a range of health and social services to the frail elderly in the designated catchment area. The project received waivers to provide certain health-related and social services which are not otherwise provided under medicare. The project provided services to more than 200 participants. After an 8-month wind-down period, the operational phase of the project ended on June 30, 1983. The project submitted a final report describing the demonstration and its effects on December 31, 1983.

NEW YORK, MONROE COUNTY I AND II

The New York State Department of Social Services is demonstrating alternative approaches to delivering and financing long-term care to the adult disabled and elderly medicaid population of the county. The project has developed the assessment for community care services (ACCESS) model as a centralized unit responsible for all aspects of long-term care for Monroe County residents 18 years of age or older who are medicaid eligible and have long-term health care needs. ACCESS staff provides each client with comprehensive needs assessment and case management services. This Monroe County long-term care project was expanded in 1982 to include case management and patient assessment services for the county's medicare population in need of long-term care. The addition of the medicare project to the Monroe County program enables the project to work toward an integration of medicare and medicaid long-term care services in the county and hopefully to simplify program administration. During 1983, the project began operating at full caseload. The demonstration has been extended until 1986 to assess the project's effects over time on the health care system.

HOME HEALTH AGENCY PROSPECTIVE PAYMENT DEMONSTRATION

A contract was awarded in December 1983, to Abt Associates, Inc., for development and implementation of a demonstration testing alternative methods of paying home health agencies (HHA's) on a prospective basis for services furnished under the medicare and medicaid programs. The initial phase of the project will involve the development of the specific payment methodologies; establishment of a research design and evaluation strategy; design of a process to monitor the quality of care provided under the demonstration; development of data collection and status reporting plans; and identification, selection, and training of participating HHA's. The payment methodologies will then be tested for 3 years to determine the effects on medicare and medicaid expenditures, quality of care, and HHA operations.

DEVELOPMENT OF HOME HEALTH AGENCY COMPETITIVE BIDDING MODELS

During 1983, HCFA developed a request for proposals that will result in a contract to design alternative models of competitive bidding for home health agency services under the medicare and medicaid programs. The contractor will be required to analyze strengths and weaknesses of possible models, including possible effects on access to and availability of services, and on medicare and medicaid expenditures. The contractor will develop in detail several models selected by HCFA and establish and research design and implementation strategy that could be used by HCFA to test the bidding models in a demonstration project.

PROJECT PENTASTAR—FLORIDA ANCILLARY COMMUNITY CARE SERVICES

The Florida Department of Health and Rehabilitative Services is conducting a demonstration project in five counties under section 1115 of the Social Security Act. The purpose of the project is to develop and test ancillary community care services for the chronically impaired elderly aged 60 and over. All eligible clients receive a comprehensive medical-social assessment administered by a physician and social worker. The participating counties are responsible for the development of client care plans based on the assessment, case management, and contracting for services with local providers. The total number of project participants is 971 with 761 randomly assigned to the experimental group and 210 assigned to the control group. All sites reached full caseload by June 1982. The project is currently in its fourth and final year. The operational share of this demonstration officially ended on December 31, 1983, and the project expects to submit their final report by April 1984.

NEW YORK STATE, LONG-TERM HOME HEALTH CARE PROGRAM—NURSING HOME WITHOUT WALLS

The New York State long-term home health care program (LTHHCP), also known as the "nursing home without walls" program, was established in 1978 by the New York State Legislature. The State received from HCFA section 1115 waivers permitting medicaid to reimburse for 10 additional services under the demonstration.

The program provides for a voluntary alternative to institutionalization for medicaid clients who meet the medical criteria for skilled nursing facilities (SHF's) or intermediate care facilities (ICF's). A maximum expenditure for home care has been set at 75 percent of the reimbursement rate in a locale for SNF or ICF levels of care. The purpose of the program is to reduce fragmentation in the provision of home care services to the aged disabled through a single entry system which coordinates and provides these services in several sites throughout the State.

During the initial years of the project, the program experienced slow caseload buildup and extensive delays in implementing the waivered services. However, by the end of the fourth project year (September 1982), 17 sites were actually operating, and the caseload reached 983 patients. The project is currently in its last phase of the demonstration and is expected to submit the final report by the end of March 1984. This final project year will allow the project to complete its reassessments of comparison and program clients, transmit data to the evaluator, Abt Associates, Inc., and prepare a final report. New York State has expanded the program statewide and is continuing to provide services under the authority of section 2176 (home and community-based services) of the 1981 Omibus Reconciliation Act. Abt Associates, the project evaluator, expects to submit the final report by the end of March 1984.

SOUTH CAROLINA COMMUNITY LONG-TERM CARE PROJECT

The South Carolina Department of Social Services was awarded a section 1115 grant in September 1979, to conduct a demonstration to test community-based client assessment, services coordination, and provision of alternative services. In September 1981, the project received section 222 waivers to address the needs of project clients who are eligible for both title XVIII and title XIX benefits. It is anticipated that these changes will increase the utilization of home care services and, thereby, reduce reliance on acute care settings and lower the incidence of conversion from medicare to medicaid in nursing homes in the project area. The project's catchment area covers three counties: Spartanburg, Cherokee, and Union.

HCFA approved the State's request for a continuation through December 1984. The project is conducting an internal evaluation to determine the cost effectiveness of community-based services in meeting the needs of the clients. In November 1983, the project submitted a preliminary report to HCFA on the first year cohort after 18 months of project participation. This report indicates that the project is targeting to a very functionally impaired population whose medicaid service costs and costs for case management are less than the medicaid costs for the control group.

THE SOCIAL/HEALTH MAINTENANCE ORGANIZATION DEMONSTRATION

A grant was awarded to the University Health Policy Consortium at Brandeis University in the spring of 1980 to develop and implement the concept of the social/health maintenance organization (S/HMO) for long-term care. The S/HMO is a capitation-finance delivery approach to the organization of health and social services in which an elderly population, including those at high risk of institutionalization, is voluntarily enrolled by a managing provider entity into an integrated service system. It is designed to address two of the most pressing problems in long-term care: (1) the fragmentation of services, and (2) the fragmentation of funding sources. The concept promises to intregrate health and social services as well as acute care services.

All basic acute hospital, nursing home, ambulatory medical care services, and personal care support services, including homemaker, home health, and chore services, would be provided by or through the S/HMO at a fixed annual prepaid capitation-sum. Other offered services would include emergency psychiatric, meals (home delivered and/or congregate), counseling, transportation, information, and referral. The provider either may employ staff or establish contracts with other providers for the services. In the S/HMO model, financial, programatic, case decisionmaking, and management responsibility rests with the provider entity. The S/HMO provider will be at risk for service expenditures and will be responsible for brokering other needed services not covered but which are available from other community providers. Financial risk is defined as absorption of agreed-upon costs which exceed a capitation agreement.

It is hypothesized that the S/HMO will reduce the number of expensive institutional days for enrollees as well as encourage significant changes in utilization patterns.

Four sites were selected for paticipation. They will all use common assessment instruments, comparable experimental populations, compatible management information systems, and a common evaluation strategy. The Kaiser Foundation Health Plan in Portland, Oreg., and the Ebenezer Society/Group Health Plan of Minneapolis, Minn., are health maintenance organizations which are adding long-term care services to their service package. Elderplan, Inc., sponsored by the Metropolitan Jewish Geriatric Center in Brooklyn, N.Y., and the Senior Citizen Action Network (SCAN) of Long Beach, Calif., are long-term care providers which will be adding medical services to their packages.

The demonstration will provide answers to questions about cost-benefit effects of a S/HMO; the effects of integrated care on the elderly and on service costs; the adminstrative feasibility of the S/HMO model compared with the fee-for-services model; and the effects on quality of care.

The first S/HMO site is expected to be operational by the summer of 1984.

NEW YORK STATE CAPITATION PAYMENT SYSTEM FOR LONG-TERM CARE

The purpose of this demonstration is to reduce the backup of hospitalized medicaid patients awaiting placement to subacute levels of care. To accomplish this, the New York State Department of Social Services and the Rochester Area Hospitals Corp. (RAHC) are developing a reimbursement system which provides positive incentives for appropriate placement. The eight-member hospitals of RAHC are part of another HCFA demonstration which sets an all-payer cap on the revenue the hospitals can receive. Using data from a base year, the payments for medicaid alternative care days will be carved out of the revenue cap and used by the hospitals to pay for nursing home days or alternative care days for those patients who cannot be placed. The payments to the nursing homes will be based on a point system similar to the one used in West Virginia and Maryland to reflect the additional care needed by the patients. The hospitals will be at risk for any cost incurred above the cap. Two major questions to be addressed by this project are:

—Are the average per person expenditures for long-term care lower for demonstration participants?

—What effect does capitation reimbursement have on the delivery of long-term care?

This demonstration is still in the developmental stage. Due to a recent fluctuation in the number of alternative care days, negotiations are continuing on the choice of the base-year period.

INCENTIVE PAYMENTS FOR CALIFORNIA NURSING HOMES

The California skilled nursing incentive payment project is designed to test a system of incentive payments as a means of encouraging skilled nursing facilities (SNF's) in San Diego to admit and provide quality care to severely dependent patients now being backed up in hospitals because of the amount and cost of care these patients require. Effective April 19, 1981, HCFA approved waivers of certain statutory requirements for this project so that the California Medicaid State Agency might set nursing home payment rates which exceed the medicaid reasonable cost requirements by the amount of the incentive payments. The total funding for this project is paid through a contract between the National Center for Health Services Research (NCHSR) and a private firm, Applied Management Sciences, Inc. (AMS).

Under the demonstration, AMS randomly selected SNF's for the treatment and control groups. Based on periodic patient assessments by specially trained nurses, the 18 treatment group SNF's received admission, discharge, and outcome incentive payments (for achieving patient-specific outcome goals). The operational phase of the project lasted from May 1981 through April 1983. Currently, project staff at NCHSR and AMS are editing the study data and laying the groundwork for the analyses. The NCHSR final evaluation report is projected for late 1984.

HUD/HHS DEMONSTRATION FOR THE CHRONICALLY MENTALLY ILL

This demonstration project is a joint effort between the Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD) to allow the chronically mentally ill to live more independently in the community through the provision of residential housing and services. Project coordination is carried out by an interagency work group from HUD and HHS, Health Care Financing Administration (HCFA), National Institute of Mental Health, and the Office of the Assistant Secretary for Planning and Evaluation.

In fiscal years 1978, 1979, and 1980, HUD approved section 202 direct loan reservations and section 8 rental assistance setasides for 229 sites in 39 States. HCFA is committed to the provision of section 1115 (medicaid) waivers to permit reimbursement for services not currently included under the State's medicaid plan. Of the 26 HUD-approved States that initially indicated their interest in requesting waiver approval, 12 States (Minnesota, Georgia, Tennessee, Vermont, the District of Columbia, New Hampshire, New Jersey, Rhode Island, Arkansas, Washington, Connecticut, and Maine) have submitted applications and received medicaid waiver-only grant approval by HCFA. During the course of this demonstration, the waivers will cover reimbursement for services at each site for a period of 3 years.

The objectives of the waiver-only grants are to determine the cost effectiveness of providing care to the chronically mentally ill in residential settings and to determine the increase in functional independence and quality of life of the residents.

CASE MANAGED MEDICAL CARE FOR NURSING HOME PATIENTS

On July 1, 1983, HCFA granted medicare and medicaid waivers to the Massachusetts Department of Public Welfare, Medical Care Division, to permit fee-for-service reimbursement for the provision of medical services by physician-supervised nurse practitioners/physician assistants to residents of nursing homes. This will permit increased medical monitoring that will generate cost savings due to fewer hospital admissions and hospital outpatient visits. For those requiring a hospital admission, the physician-supervisor will be the admitting physician, thus providing a continuity that is frequently lacking in the present system of medical care. Massachusetts has conducted a pilot program in 10 nursing homes with medical services provided by the Urban Medical Group. This program will be expanded to serve a patient population of approximately 700 patients. In addition, other medical providers will be added, and ultimately 6,500 patients are expected to be served by 11 providers (individuals or groups of physicians). The objectives of the demonstration are: to explore the feasibility and desirability of the use of nurse practitioners/physician assistants to provide medical care to residents of nursing homes and to test cost effectiveness of this delivery system.

ON LOK'S AT-RISK, CAPITATED PAYMENT DEMONSTRATION

As of November 1, 1983, in response to the congressional mandate of section 603(c) (1) and (2) of the Social Security Amendments of 1983, HCFA granted medicare waivers to the On Lok senior health services and medicaid waivers to the California Department of Health Services. Together, these waivers will permit On Lok to implement an at-risk, capitated payment demonstration in which 300 frail elderly individuals are provided a comprehensive array of health and health-related services.

Under On Lok's Community Care Organization for Dependent Adults (CCODA) demonstration that began in 1979 and ended on October 31, 1983, a single source, cost-based, reimbursement system (medicare) was used to provide funding for all health and health-related services to On Lok's CCODA participants who were certified by the department of health services as eligible for institutional placement at the time of admission. Reimbursement for services was provided by HCFA under section 222 waivers.

This new demonstration will maintain On Lok's comprehensive community-based program but will modify its financial base and reimbursement mechanism. All services will be paid for by a prospective capitated rate from both medicare and medicaid (Medi-Cal). Based on service and cost data from the CCODA demonstration, a total monthly capitated rate of $1,400 was projected. The medicare rate is based on 95 percent of the adjusted average per capita cost (AAPCC) for medicare's institutionalized population. Individual participants may be required to pay copayments, spend-down income or divest their assets based on their financial status and eligibility for either or both of the programs. On Lok has accepted total risk beyond the capitated rates of both medicare and Medi-Cal.

RESPITE CARE CO-OP FOR IMPAIRED ELDERLY

This feasibility study is expected to develop a model cooperative to provide respite for family caregivers of impaired elderly. The model relies on volunteer family caregivers with a minimum number of paid staff to coordinate the process. The objectives are: To study the feasibility and cost of developing a model cooperative designed to prevent exhaustion of family members, to eliminate the need for more intensive and/or expensive care, and to prevent unnecessary institutionalization of the elderly. The model is envisioned as a cooperative committee composed of impaired elderly, their family caregivers and representatives from community agencies. The committee, with a program coordinator, works to establish policies and procedures and to recruit families to participate. Family members pay for care received with care given. The co-op model is professionally guided self-help and volunteerism, with the caregiver as both service provider and service recipient. The evaluation will provide data to measure satisfaction and impact on well-being of clients and caregivers, cost effectiveness, and avoidance of use of more costly and restrictive living circumstances.

THE EFFECTS OF ALTERNATIVE FAMILY SUPPORT STRATEGIES

This project is designed to study the effects of vairous support programs provided to families that care for their elderly members at home. The support programs include:

(1) Paid respite care in various settings, up to a maximum yearly dollar limit per family.

(2) Family training and case management; and

(3) Paid respite care in conjunction with family training and case management.

The purpose of providing the support programs is to encourage and enable family members to maintain their rule as primary caregivers in order to prevent or delay the permanent institutionalization of their elderly relatives.

The Long-Term Care Center and the Institute of Aging of the University of Washington (Seattle, Wash.) are cosponsoring the project, which will be offered in the King County area. To take part in the project, a dependent family member must be: (1) Age 65 or over; and (2) entitled to hospital insurance (medicare, part A) or eligible under the medicaid program. Three providers will participate in the project to offer families a choice of paid respite care: Community Home Health Care, Northwest Day Health Center for Adults, and Northwest Progressive Care (a nursing home which offers both skilled nd intermediate levels of inpatient care).

The design for this project calls for a total population sample of 600 family units (each consisting of an elderly dependent member and a family caregiver). The family units will be randomly assigned—either to one of several experimental groups receiving one or a combination of the support programs (500 family units) or to the control group (100 family units). Families receiving paid respite care alone or the mix of paid respite plus training/case management services (200 family units) may use any combination of the paid respite care up to a maximum dollar limit per family (an annual limit of about $900). The service phase of the project began in January 1984, and will continue through June 1985. The final evaluation report is expected in late 1986.

NURSING HOME SURVEY/CERTIFICATION AND INSPECTION OF CARE

There have been three States involved in survey/certification and inspection of care demonstrations. The Wisconsin nursing home quality assurance project was completed in 1982. Under this experiment, the State performed a streamlined survey process that also met the requirements of medical and independent professional review in an attempt to improve the quality of nursing home care. The Massachusetts survey by exception project developed and tested a method of conducting nursing home surveys so that the intensity of the regulatory effort was matched to the needs of particular facilities. The New York State nursing home quality assurance program tested the simplification of the federally mandated periodic medical review/independent professional review processes in nursing homes and combined the process with the annual facility survey. Surveyors used 11 sentinal health events (SHE), such as accidents, decubitus ulcers, and medication regimen to determine if nursing home patients are receiving adequate care. Facilities found to have fewer than the average problems in these areas received a less than full facility survey. This combined medical review and survey method reduces surveyors' time and allows State personnel to focus on facilities and patients with major problems.

The State has indicated that it is taking more corrective actions than usual as a result of the new processes, but that fewer facilities are being cited for minor problems.

An evaluation of the Wisconsin project was conducted by Wisconsin Health Care Review, Inc. Further analyses of this project and the evaluation of the Massachusetts and New York projects are being performed under a contract with Mathematics Policy Research, Inc. The evaluation contractor will complete data collection this spring on all three projects. The evaluation will determine:

(1) The reliability and validity of the new methods compared to the old ones.

(2) The effectiveness of the new methods in eliminating or sanctioning poor quality care; and

(3) The actual and potential cost savings of the methods.

In addition, the contractor will compare and contrast the methods used in these three different projects to estimate how the quality assurance process can be improved to reduce costs and allow the States appropriate flexibility.

In addition to these demonstrations, the Massachusetts statistical quality-control approach to inspection of care project began in February 1983. The main objective of the project is to verify that patients in nursing homes are receiving appropriate care at the appropriate level, without reviewing every patient. Current law requires a review of all patients in a facility to verify the appropriateness of care and placement. This project will use statistical sampling techniques to achieve these goals so that surveyor time can be reallocated to other quality assurance activities. Criteria have been developed for determining which facilities are appropriate for the sampling process. The procedures for sampling patients, including safeguards to control statistical biases, have been refined. The project became operational in August 1983, and will be completed in 1986. This project will have a separate evaluation.

NEW YORK STATE CASE MIX PROSPECTIVE REIMBURSEMENT SYSTEM FOR LONG-TERM CARE

The New York State Department of Social Services was awarded a section 1115 grant, effective August 7, 1983, to develop, test, and refine a long-term care prospective reimbursement system based upon clusters of patient characteristics. This is a 3-year grant being conducted by the New York State Department of Health and Rensselaer Polytechnic Institute. The system will build upon the results of research conducted at Yale University which developed clusters of patients in relation to staff resources used (resource utilization groups, RUG's). The purpose of the project is to promote efficiency by associating payment levels with patient characteristics which indicate the amount of actual services needed by patients.

The first step is to validate the RUG's determining whether additional or different patient clusters are appropriate for New York. Data will be collected on 4,000 patients and staff from 40 facilities stratified by level of care, ownership, region, size, current case mix intensity, and a willingness to participate in the project. From these data, patient groups will be developed using AUTOGRP (a clustering program). These patient clusters will be compared to those derived at Yale, using Klastorin's techniques to demonstrate whether the same patients would be grouped in the same RUG under each system.

The second step will be to analyze the nursing home resource consumption in relation to the new patient classification system. The analyses will break down total facility costs into those which are related to case mix and those which are not. Data from certified facility cost reports and other sources will then be used to calculate a dollar value per relative value unit for each RUG or case mix index value.

The third and final step in the development phase will be to translate the case mix and cost information into a reimbursement system. The State prospective reimbursement rate will incorporate: case mix intensity, fixed cost of the group of services shared across all residents, and overhead expenses related to facility characteristics.

FUTURE DIRECTIONS FOR LONG-TERM CARE DEMONSTRATIONS

During 1983, HCFA devoted substantial staff resources to the development of the guidelines and specifications for the award of contracts to test prospective payment systems and to develop competitive bidding approaches for home health agencies. In December 1983, Abt Associates, Inc., was awarded the prospective payment demonstration contract. HCFA staff will be working closely with the contractor during the next 16 months to develop the specific payment methodologies to be tested, to establish the research design and evaluation strategy, to develop the data collection and status reporting plans and to identify, select, and train the participating HHA's. In mid-1984, HCFA will award a contract to design alternative models of competitive bidding for home health agency services under the medicare and medicaid programs. HCFA staff will work with the contractor to develop in detail several models and establish a research design and implementation strategy that could be used to test the bidding models in a demonstration project.

We will continue our efforts to test the cost effectiveness of community-based care as an alternative to institutionalization. Significant staff resources will be devoted to the ongoing monitoring of the HCFA supported demonstrations. In addition, staff will work with the national channeling demonstration sites during the steady-state phase and will provide intensive technical assistance to the States and sites as they develop their plans for transition and termination.

We will also continue our studies and demonstrations which encourage the development of informal and voluntary supports that complement the existing formal service network in allowing individuals to remain at home as an alternative to institutionalization.

LONG-TERM CARE RESEARCH

Long-term care research in ORD can be classified according to four objectives: Developing prospective payment systems for long-term care; promoting alternatives to long-term care; assessing and evaluating long-term care programs; and supporting data development and analyses.

I. PROSPECTIVE PAYMENT

In the area of prospective payment, studies of case-mix differences and their incorporation into payment systems are being conducted. This also includes analyses of State medicaid payment systems.

Case-Mix Studies

The escalation of nursing home expenditures and the demand for services make it essential that methods be developed which insure that long-term care resources, which will become increasingly scarce, be properly matched with those most in need. The current payment system has been criticized for failing to differentiate according to the resources consumed by each nursing home resident, e.g., payment is the same for patients having less intensive needs compared to patients with "heavy care" requirements. This has resulted in problems of access to care for the latter group of patients. In order to solve this problem, appropriate systems to quantify the long-term care needs of the elderly patient are required.

A variety of methods, including case-mix, have been designed which evaluate resource consumption of nursing home patients with the goal of developing more appropriate payment systems. The "Developments in Aging" report (1983) described HCFA's case-mix studies at the University of Colorado and Yale University. During 1983, ongoing work at the University of Colorado provided additional case-mix comparisons of medicare and other nursing home patients and comparisons of patients in hospital-based and freestanding nursing facilities.

The University of Colorado sampled 600 patients in high volume medicare skilled nursing facilities (SNF's) in five States (California, Pennsylvania, Ohio, Michigan, and Texas), and 600 nonmedicare patients in hospital-based and freestanding nursing homes in 10 States (Arkansas, California, New York, Michigan, Minnesota, Colorado, Florida, Virginia, Pennsylvania, and Ohio). From these studies of case-mix differences, the following patterns emerge:

(1) Medicare patients are more seriously ill from a medical perspective and possess greater rehabilitation potential than other long-term care patients.

(2) Nonmedicare patients tend to be more dependent in functioning, as measured by activities of daily living (ADL's), and have more traditional long-term care problems (impaired mobility, depression, mental problems).

(3) These differences between medicare and other patients exist for both hospital-based and freestanding SNF's, but they are more pronounced for hospital-based SNF's.

(4) In general, patients in hospital-based nursing homes tend to be more dependent in ADL's, have more traditional long-term care problems, and have more medically oriented problems than do patients in freestanding nursing homes.

(5) This pattern of differences between hospital-based and freestanding patients is more pronounced for nonmedicare than for medicare patients.

(6) Further evidence from these studies indicates that these case-mix differences are responsible for differences in resource consumption. Medicare patients

and hospital-based patients are more costly to treat than other patients. Unfortunately, we cannot precisely quantify the size of these differences in a way to incorporate them directly into a prospective payment system at this time.

Medicaid Payment Studies

Several States are currently using different methods of nursing home payment for medicaid patients, some of which incorporate case-mix. Studies are underway which are evaluating the design and implementation of these systems and their effectiveness in achieving the goals of containing costs, maintaining or improving quality, and insuring access.

The University of Colorado was recently awarded a 4-year grant to compare long-term care payment systems in seven States. West Virginia, Ohio, and Maryland will be used as examples of case-mix States. Florida and Colorado will be studied as States with facility-specific prospective systems that do not incorporate case-mix directly but still treat direct patient care costs separately from other cost centers. Arkansas and Utah will be used as States that utilize class rates for either the entire payment rate or the noncapital rate components. Results are expected in 1988.

The University of Southern Maine is studying the recently implemented nursing home prospective payment system in Maine. The study will conduct a 3-year preprospective payment and 3-year postprospective payment impact analysis on cost, quality, and access. Results are expected in early 1987.

II. PROMOTING ALTERNATIVES IN LONG-TERM CARE

Research activities in this area can be classified into two major divisions: Community-based alternatives to institutional care; and alternatives to current financing mechanisms of long-term care.

Community-Based Alternatives

While nursing home care is appropriate for a small subset of the elderly population, evidence indicates that a substantial proportion of those who have been institutionalized could have continued to reside in the community with adequate support. Most aged persons with functional limitations prefer to remain in the community as long as possible. Noninstitutional approaches are being developed with the objectives of avoiding or delaying unnecessary institutionalization, maximizing the independence and well-being of the elderly, and providing care in the most cost-effective manner.

Current studies focusing on community-based alternatives to institutional care include such issues as family caregiving, utilization of home health services, determinants of public and private contributions in long-term care provision, and provision of noninstitutional services by nursing homes.

A study by Abbott Northwestern Hospital will replicate the methodology used in another HCFA funded study (Hunter College, 1982) to examine the family caregiving system of the elderly in Minnesota. Unlike the Hunter College project, the sample for this study will be drawn from hospital patients rather than from clients of home health and other community-based agencies. It will also include rural as well as urban residents. Results are expected in late 1986.

The Community Service Society is examining the effects of provision of home services programs to functionally disabled adults in New York City. Initial findings from the Community Service Society study show that 60 percent of the disabled elderly were discharged from hospitals without having home services arranged for them by the hospitals. It also found that hospitals primarily used their limited resources to arrange for institutional placements. Final results are expected in late 1984.

The University of Maryland is examining determinants of public and private contributions to long-term care of the elderly who are disabled by hip fractures. The impact of family size and composition, social support, family economic resources, and the aged individual's physical and mental health will be analyzed in terms of the decision to enter a nursing home or return home. The results are expected in late 1986.

A study by the North Carolina Health Care Facilities Association is examining: (1) Willingness of North Carolina nursing homes to provide noninstitutional services (e.g., home health, adult day care, and nutritional services); and (2) changes in demand for noninstitutional long-term care services as a result of the home and community-based waiver program, authorized by section 2176 of the Omnibus Reconciliation Act of 1981. Results are expected in late 1984.

Alternative Financing Mechanisms

With the rapid escalation of public expenditures for long-term care and the projected growth in the elderly population, many different alternatives to current financing mechanisms are being investigated. Two studies have recently begun which are examining the potential for increased family support, either through tax incentives or cost sharing under family responsibility laws. The market for long-term care insurance is also being assessed.

In the first study, the Center for Health and Social Services Research, Inc., will evaluate four State tax incentive programs (Idaho, Iowa, Arizona, and Oregon) for encouraging informal caregiving assistance ot the elderly. Results are expected in late 1986. The second study by the Hebrew Rehabilitation Center for the aged is studying the potential of alternate payment schemes for long-term care by children of elderly. The research will: (1) Provide an estimate of children's resources available to share in the costs of long-term care; (2) assess the attitudes of those children toward family responsibility proposals for sharing long-term care costs; and (3) assess the market for long-term care insurance. Results are expected in mid-1985.

III. PROGRAM ASSESSMENT STUDIES

Medicare Studies

Another group of research studies investigate specific aspects of medicare long-term care policies. For example, as requested by section 904(c) of the Omnibus Budget Reconciliation Act (OBRA) of 1980, the University of Colorado is conducting the evaluation of the "swing-bed" program under medicare and medicaid. Among the issues to be examined in this evaluation are: The effect of such programs on availability and effective and economical provision of long-term care services; whether such programs should be continued and whether eligibility to participate in the program should be extended to other hospitals, regardless of bed size or geographic location, where there is a shortage of long-term care beds. Results are expected in late 1985. A second study mandated by section 122(j)(1) of the Tax Equity and Fiscal Responsibility Act of 1982, is evaluating the implementation, cost, utilization, and quality of care rendered through the new medicare hospice benefit. This study will be available by December 1985.

ORD is continuing work on three studies concerning coverage and reimbursement of home health services. Two studies, mandated by Public Law 96-499, the OBRA of 1980, assess medicare home health coverage for respiratory therapy and registered dietitian services. The third study, mandated by Public Law 97-414, analyzes current and alternative payment methodologies for home health services. All three studies will be submitted to Congress during 1984.

Medicaid and Other Public Programs

In recent years, a number of different programs have been initiated by Federal and State governments to improve the delivery and financing of long-term care services. There are several projects underway to assess such programs. The University of California at San Francisco is examining the impact of State discretionary policies in medicare/medicaid, title XX, and supplementary security income affecting long-term care services in eight States (California, Florida, Massachusetts, Missouri, Pennsylvania, Texas, Washington, and Wisconsin). Preliminary findings indicate that general fiscal conditions explained a great deal of each State's program changes over the period. States without severe economic crises made few changes in medicaid and social services. Despite differences in economic conditions, States maintained the same rank order in program "generosity." The States with more generous programs remained so. The final report is expected in mid-1984.

Virginia Commonwealth University is assessing Virginia's preadmission screening program for nursing home placement. Preliminary findings suggest there was no evidence that the screening program affected the mortality experience of those denied admission to nursing homes. Although functional status declined over time, there was no evidence that the screening program contributed to any decline for those denied admission to nursing homes. The evidence indicates that the screening program reduced total medicaid expenditures. The final report is expected in mid-1984.

A third study by La Jolla Management, Inc. is evaluating the section 2176 home and community-based waiver program. It will address such issues as appropriateness of targeting recipients, elements of program success, cost shifting, and cost implications. The results are expected in late 1986, but interim reports will be available.

Another program assessment study involves the mentally retarded and developmentally disabled (MR/DD). Services provided in intermediate care facilities for the mentally retarded (ICF/MR) are one of the fastest growing benefits in the medicaid program. The University of Minnesota is updating the only national information system on long-term care services for the mentally retarded and developmentally disabled. National surveys of residential facilities and State statistical offices have been conducted to monitor deinstitutionalization trends. Findings are available from a preliminary analysis of 26 States' responses to section 2176 in terms of its impact on the mentally retarded. It found that almost 62 percent of the States studied planned to serve the MR/DD population under the waiver program. Case management was the service most often included in the States' waiver requests. For the MR/DD groups, habilitation services were the second most frequently requested service. States generally planned to move the MR/DD population to less intensive types of long-term care facilities under the waive since return to the client's home was not feasible for most cases. The final report is due in late 1984.

Expansion of the Role of Nurse Practitioners

HCFA is also investigating the expanded role of nurses in the long-term care area. A study by the Rand Corp. is evaluating the potential of the use of geriatric nurse practitioners (GNP) for improving outcomes of care and containing costs in skilled nursing facilities. Rand is assessing this potential by evaluating the effects of the Mountain States Health Corp.'s GNP demonstration project. Results of this study will be available in late 1986.

IV. DATA DEVELOPMENT AND ANALYSIS

In the past, information on the health status and health care utilization of the long-term care population has been drawn almost exclusively from cross-section surveys, such as the National Nursing Home Survey. While useful, cross-section data have limitations. Two longtitudinal survey efforts will provide a better picture of the transitions of disabled elderly between the home and institutions and between the hospital and long term care institutions.

Longitudinal Surveys and Analyses

The Long-Term Care Survey interviewed 6,000 disabled elderly living in households in 1982 to determine the extent of their dependencies, utilization of both informal and formal services, and their income and assets. Descriptive reports will be produced beginning in the spring of 1984. Currently planned are reports on demographic characteristics, ADL's, and instrumental activities of daily living (IADL's), formal and informal support services, and income and assets. In 1984, these same persons will be resurveyed to determine how they have fared since 1982. The resurvey will enable us to identify the most important factors that enable persons to remain in the home. In addition, those persons who are in institutions, as well as persons who were not previously disabled, will be included. This entire sample should provide a total picture of the functionally limited elderly.

The Admissions Cohort Survey, a part of the 1987 National Nursing Home Survey, is tracking persons for a minimum of 12 months after admission to nursing homes. This survey focuses on the transitions that occur 12 months after a nursing home admission.

Longitudinal analysis and projections are also being conducted under a grant to Duke University. The grantee has developed state-of-the-art statistical methods for using mortality data to estimate and project the incidence of specific chronic diseases (e.g., cancer). The grantee will use HCFA-sponsored survey data, including the Long-Term Care Survey, to forecfast future changes in health status of the aged population and service needs.

Other HCFA Data Activities

Other HCFA data activities planned for 1984 include reports on long-term care services and development of national medicaid statistical systems.

Certain information concerning long-stay hospitals, skilled nursing facilities, and home health services is routinely abstracted from the medicare claims payment system and reported by HCFA. Data relate primarily to length of covered stay, amount reimbursed for services, and types of facilities. Trend data is routinely available for these items.

HCFA is continuing work to enhance national medicaid statistics by obtaining person-level data from State medicaid management information systems (MMIS). Major project goals include the development of uniform data sets among participating States; production of standard reports describing enrollment, use, and expenditures under medicaid; and support for special studies that focus on important policy, program management, or other research issues for medicaid. HCFA has obtained MMIS data from five States: California, Georgia, Michigan, New York, and Tennessee for the years 1980 and 1981 and is now planning to request 1982 data. Data are extracted for enrollees, providers, and claims for all types of medicaid services, including long-term care. While these data will be used for many purposes, one of the key uses will be to analyze the use and expenditures of long-term care services and to study the total care provided to institutionalized individuals under medicaid.

PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Alcohol problems among elderly Americans are of increasing concern. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports research to determine the incidence and prevalence of alcoholism and alcohol abuse among elderly and to gain a better understanding of the causes and consequences of problem drinking in this population. The following activities were carried out during fiscal year 1983.

NATIONAL ALCOHOL RESEARCH CENTER ON THE ELDERLY

The NIAAA supports a National Alcohol Research Center at the University of Florida which focuses on the causes and consequences of alcohol abuse in the elderly. This population is considered to be subject to a heightened vulnerability to alcohol problems. Eight separate research activities are conducted at the center. Social, psychological, and biological antecedents are examined in various subpopulations of human subjects. Also, animal studies are undertaken to evaluate the interaction between alcohol abuse and aging in producing pathological changes in organ systems. This research is carried out in collaboration with the University's Center for Gerontological Studies. The eight components for this center are:

—Two epidemiological/etiological studies: (1) Data collected on the prevalence and incidence of alcohol abuse among elderly individuals in Florida and comparisons are made with other age groups; (2) a social—psychological theory of alcohol behavior among the elderly is developed and tested longitudinally.

—Changes in drinking behavior after retirement: A longitudinal prospective study for measuring human time allocation to alcohol consumption and other activities is developed for use in a sample of retired persons. Postretirement changes in drinking behavior are related to preretirement activity patterns.

—Human autopsy study: Histology, synaptic receptors, membrane structures: The combined and separate effects of alcohol and aging are investigated at the cellular level using brains obtained during autopsy from aged and younger subjects.

—Comparisons of changes in aging human and rat cells induced by ethanol: Membrane fluidity (structure) and phosopholipid metabolism are examined in human and rat blood cells and mast cells during aging and in connection with alcoholism after baseline values are correlated with physiological and psychological data obtained from human subjects.

—Development of model of chronic alcohol administration in aged rats: A model of chronic alcohol abuse is developed in an aging inbred rat strain to investigate the hypothesis that chronic alcohol administration results in severe pathological effects on the tissues of the aged animals.

—Chronic effects of alcohol and aging; autonomic control of the heart: Ethanol-induced anatomical, electro-physiological, mechanical, and receptor mediated changes are examined in the heart of adult and old rat to develop an animal model for alcohol-induced heart disease with aging as a compounding risk factor.

—Alcohol-aging interactions in rat hippocampus: The rat hippocampal region of the brain is used as a model system to compare the pathological changes in neuronal morphology and function induced by chronic ethanol exposure in young and aged animals.

1983 WORKSHOP ON ALCOHOL PROBLEMS AMONG THE ELDERLY

NIAAA, in collaboration with the National Institute on Aging (NIA) and the National Institute of Mental Health (NIMH) organized a workshop on the Nature and Extent of Alcohol Problems Among the Elderly which was held at the Washington University School of Medicine in St. Louis, Mo., on November 3-4, 1983. The workshop is seen as the first step in encouraging increased research in this important area and providing an increased focus on the elderly in the extramural grant program.

Papers were developed for the workshop using new data on problem drinking obtained from the epidemiologic catchment area grantees of NIMH. Other papers included those from NIAAA's Elderly Center and from the Boston normative aging study supported by the Veterans' Administration.

Collaboration with NIA to foster alcohol research pertaining to the aging continues with the expectation that this will lead to increased knowledge in the area. Publication of the proceedings from the workshop is designed to provide a knowledge base on which to build research, and to stimulate research interest in this area.

MEDICARE AND MEDICAID ALCOHOLISM TREATMENT DEMONSTRATION

The NIAAA and the Health Care Financing Administration continued a 4-year demonstration in six States of extending benefits to include alcoholism treatment services in outpatient and nonhospital residential treatment programs. Presently medicare and medicaid generally do not reimburse for alcoholism treatment in other than a hospital setting. Nonhospital settings for treatment are significantly less expensive and more widely available.

Under the demonstration, initiated in fiscal year 1981, alcoholism treatment services are being provided by almost 80 programs in the following States: Connecticut, Illinois, Michigan, New Jersey, New York, and Oklahoma. Connecticut and Oklahoma are demonstrating the expansion of covered services under medicare only and the program in Oklahoma has an Indian patient emphasis.

In the past 15 months of the demonstration, over $1 million in services for medicare beneficiaries were furnished to and about twice that amount in medicaid services were furnished some 3,000 medicare and medicaid eligibles. Almost one-half of the medicare eligibles receiving alcoholism services under the demonstration were under 65, thus qualified for medicare due to a major and longlasting disability.

An evaluation of the demonstration results is ongoing and will determine the extent to which the following demonstration objectives are met:

—Provide payment for alcoholism treatment in freestanding facilities.
—Assure, through quality control, a system of effective and efficient service.
—Provide appropriate treatment emphasizing nonphysician personnel.
—Document the role of nonphysician personnel in treatment administration.
—Develop beneficiary awareness programs appropriate to the populations served.
—Provide ready access to services to all eligible persons in target area.
—Analyze and evaluate all available data under separate evaluation contract.
—Recommend, based on demonstration, revisions in current medicare and medicaid legislation and policies that will result in lower cost delivery of quality services.

EPIDEMIOLOGIC RESEARCH

The NIAAA collaborates with the National Center for Health Statistics (NCHS) in the collection and analysis of alcohol-specific data. Two surveys, underway in 1983, will provide valuable information on the prevalence and the nature of alcohol problems among the elderly.

(1) HANES I Followup Survey: The NIAAA is collaborating with the NCHS to gather alcohol use data in their Health and Nutrition Examination Surveys (HANES), with special work related to the elderly. A cohort from the HANES I has been identified and is currently being reinterviewed about health practices, habits, and problems over the intervening years. Those lost to followup because of death will also be a party of the analysis. Cause of death and contributing conditions as well as proxy information about the decedents will be compiled and analyzed. This survey will yield longitudinal information about alcohol problems and health effects. A data tape summarizing the Northeast sample subset will be available in late 1983; the complete data set will be available in late 1984. This survey was both for the longitudinal dimensions of potential analysis and for the opportunity to assess mortaility patterns within the original sample, particularly among older age groups. The inclusion of proxy respondents for decendents will allow dietary intake, lifestyle

habits, and previous or chronic morbid conditions to be related to both cause of death and to life expectancy, and subsequent analysis will be oriented to determination of risk factors and their contribution to premature death.

(2) National Health Interview Survey (NHIS), 1983 Alcohol Supplement: The NHIS, 1983 Alcohol Supplement is currently in the field and being administered to over 25,000 randomly selected adults. The survey is the largest and most comprehensive ever conducted of its kind, and will provide baseline information about the underlying alcohol consumption patterns of the society. Its sheer size will also allow estimates to be generated at the regional level of analysis. Equally important is the opportunity to develop baseline estimates of alcohol consumption, alcohol-related health and social problems, hospitalization rates, and estimates of changes in drinking patterns over time for a wide variety of age groups differentiated by race and sex. Because of its size, the survey will be invaluable in establishing baseline levels for older Americans. Over 10 percent of the sample should be 55 years of age or older. Data will be available for analysis in late 1984.

NATIONAL INSTITUTE ON DRUG ABUSE

The National Institute on Drug Abuse (NIDA) performed the following activities relating to the elderly during fiscal year 1983:

—NIDA awarded a grant to Duke University Medical Center to evaluate the effects of diazepam on skills that are related to driving. Diazepam is often prescribed for effects may lead to impairment of driving skills.

—NIDA awarded a grant to the University of California at Berkeley to examine the ways elderly people cope with stress. The study will identify cases of drug abuse, evaluate sources of stress in the day-to-day lives of the elderly, and the effects of chemical abuse on coping processes, morale, and health.

—NIDA has provided technical assistance to the Food and Drug Administration (FDA) for revising the publication entitled: "Elder-Ed: Using Your Medicines Wisely." FDA will distribute this publication through its consumer education program.

NATIONAL INSTITUTE OF MENTAL HEALTH

MENTAL HEALTH SERVICES FOR THE ELDERLY

The goal of the alcohol, drug abuse, and mental health block grant is to have each State decide what mental health services are to be provided, to whom, and in what areas. The State is able to set priorities for use of Federal funds in areas determined appropriate, and for population groups determined to be most needy.

Applications from the States for the alcohol, drug abuse, and mental health services (ADAMHS) block grant funding have mentioned the needs of the elderly. The States have sought technical assistance from the Office of State and Community Liaison. Concurrently in an effort to disseminate information to the field, the Office of State and Community Liaison distributes a one-page information sheet which highlights any particularly useful, innovative, or relevant piece of information.

CENTERS FOR STUDIES OF THE MENTAL HEALTH OF THE AGING

The Center for Studies of the Mental Health of the Aging is the focal point for aging programs at NIMH.

The Center for Studies of the Mental Health of the Aging stimulates and supports research; the training of researchers and clinicians; the development and dissemination of information to researchers, clinicians, and the public; and consultation with service planners and providers over the design and delivery of health services to the elderly. In its total center activities, the goal is the integration and mutual reinforcement of research, education, and services consultation around particular themes and center priorities such as the major mental disorders, health and behavior, or family stress and burden. As a national center, the goals of program development activities have been:

—Leadership in anticipation and stimulation of significant research directions.

—The development of collaborative activities whereby the full power of Institute and PHS program perspectives could be brought to bear upon issues of mental health and aging; and

—The contribution of research and clinical insights to the policy processes around such diverse issues as: reimbursement, service development, and the design of policy relevant demonstrations.

A major thrust of the Center program has been collaboration with the pharmaceutical industry, corporations, foundations, and other private sector programs in the development and support of research and the dissemination of materials and information. This type of program orientation is built upon aggressive outreach and stimulation of particular types of research by the Center staff and strong promotion, guidance, and consultation over particular directions of research. Staff involvement has resulted in a comprehensive and well-articulated research program which would be unattainable through more reactive channels relying strictly upon investigator-initiated applications to determine the direction for the program.

This report provides information on program developments in the area of research, research training, and clinical/services training, and also provides information on developments in mental health services to the elderly.

Program Guidelines

The research program of the Center for Studies of the Mental Health of the Aging is divided into five general areas of support: epidemiology, clinical research, treatment assessment studies, services research, and prevention and behavioral studies. The Center supports those studies which have a primary focus on the mental health and illness implications of the aging process and of old age. A wide-ranging, multidisciplinary set of theoretical applied, and policy studies is funded. Almost all of the Institute's research support programs are involved in the NIMH/ADAMHA-wide, coordinated effort. In this way, NIMH has not only mounted a targeted effort to address issues in aging thrugh its Aging Center, but has also brought the strengths of all its generic programs to bear on mental health and aging programs. In addition, the Center is active in stimulating collaborative efforts between different Federal programs and agencies. Diverse strengths and resources are brought together through the program coordination plan developed by the NIMH Center for Studies of the Mental Health of the Aging. The Center's research program emphasizes the following subjects:

—Causes, treatment, and prevention of Alzheimer's disease, senile dementia, and related disorders—with attention to differential diagnosis and memory-enhancing agents.
—Causes, treatment, and prevention of depression in older person—including investigations of the relationship of depression to suicide, alcoholism, medical disease, and other behavioral disorders.
—Psychopharmacology and polypharmacy.
—Behavioral medicine and the interface of physical illness and mental disorder in later life.
—Chronically mentally ill elderly.
—Treatment, intervention, clinical trials, and service delivery models for the elderly.
—Effects of families, support systems, and self-help groups on the care of older persons with significant mental disorders.
—Prevention of pathology among elderly at risk for mental illness.
—Geriatric mental health academic awards for the support of teacher/investigators in psychiatry and psychiatric nursing.

These areas of support have emerged and been refined through a considerable amount of interaction with the field and with staff of other agencies in Government. These activities have included a general conference on research directions for the newly established coordinating responsibilities of the Center (1975) followed by two more targeted conferences on senile dementia, assessment, housing for deinstitutionalized elderly, depression, the chronically mentally ill elderly, and others. In addition, staff of the Center had key participation in the Secretary's Committee on Mental Health and Illness of the Elderly (1978), the President's Commission on Mental Health (1978), and the White House Conference on Aging (1981). The research objectives and portfolio of the Center has been examined as part of the Institute's senior consultant and cluster group reviews in the areas of service, research, and behavioral science. The reports of these efforts have contributed to setting the research agenda for the Center.

These activities have been developed in the face of substantial need in the field of mental health and aging.

—Five percent of the Nation's aged live in institutions. Of these, about 12 percent are in mental hospitals, with the remainder in nursing and other types of homes for the aged and the chronically ill.
—The elderly comprise 6 percent of admissions to State and county mental hospitals and 28 percent of the resident patients.

—Approximately 80 percent of those aged 65 or older who live in nursing and personal care homes have some degree of mental impairment. The national expenditure for nursing home care is estimated to exceed $20 billion annually.

—Only 3.8 percent of the outpatient psychiatric service admissions are aged 65 and over.

—An estimated 10 to 25 percent of the aged in the community have some degree of mental impariment.

—The death rate for suicide among the elderly is highest at age 55 and over (18.5 per 100,000 as compared with 12.6 per 100,000 for all ages).

—Approximaely 44 percent of all male admissions aged 55 and over to inpatient services of State and county mental hospitals had a primary diagnosis of alcohol disorders.

These data are far less comprehensive than the ideal. The Center is moving toward remedying this situation through activities which include special supplements to the epidemiological catchment area (ECA) projects for the oversampling of the elderly, financial support of the mental status and depressive symptomatology portions of the Health and Nutrition Examination Survey (HANES-I) followup, and support of the mental health assessments of the National Nursing Home Survey. These latter studies are being carried out by the National Center for Health statistics which will provide the data tapes to NIMH for refined analysis and estimation purposes. Data delivery is scheduled for 1985 (HANES) and 1986 (Nursing Homes), and through these, the Center anticipates being able to make estimates of the prevalence and cost of mental disorders in the elderly.

Program Activities

One new program, the geriatric mental health academic award, was initiated in fiscal year 1983 and made 10 awards, 6 to psychiatrists and 4 to nurses. The purpose of this award is to assist in the development of a research-oriented resource person in geriatric mental health in academic settings. Upon completion of the award, the nominee is expected to function as: (1) A researcher in geriatric mental health; (2) a developer of other researchers with interests in geriatric mental health; and (3) an introducer of research findings in geriatric mental health to other clinical teachers and researchers in the academic setting. This academic award will support an experienced faculty member, who is a psychiatrist or psychiatric nurse, in the development of necessary expertise in the research aspects of aging and mental health. This award, made to an institution, provides a superior candidate with the opportunity for up to 3 years of special study and supervised experience to prepare the individual to assume a faculty leadership role in geriatric mental health.

Collaborative Activities

Cofunding with other NIHM, PHS, and HHS programs, or programs outside HHS—not all research in mental health and aging can or should be supported or administered by the Aging Center. In fields with strong, well-established technologies, such as psychopharmacology and epidemiology, specialized expertise already exists in other programs. Consequently, the Center has made significant financial contributions to the epidemiological catchment area studies for the oversampling of the elderly and to several psychopharmacological investigations to extend their concern to older patients. Similarly, certain research issues are best conceptualized as life-course or adulthood issues in which the elderly fit only as part of the study. In these types of circumstances, the Aging Center has established mechanisms for joint funding, while still maintaining fiscal control of the funds. Projects have been cofunded with other programs of the NINM, with the National Institute on Aging, with the National Institute of Neurological and Communicative Disorders and Stroke, with the National Heart, Lung, and Blood Institute, with the National Center for Health Statistics, with the Administration on Aging, and with the National Institute of Handicapped Research of the Department of Education. In this way, the total aging effort of the Institute is expanded and multiplied.

Interagency Collaboration

Among the many specific examples of collaborative projects, two are especially notable. First, in the area of senile dementia, the NIMH Aging Center, in collaboration with two NIH Institutes (National Institute on Aging and National Institute of Neurological and Communicative Disorders and Stroke), sponsored two international conferences on Alzheimer's disease/senile dementia. These conferences, the first ever held, helped establish the state-of-the-art in research, treatment, services, and policy in this disease. Second, in the area of service delivery, a regional training conference cosponsored by the Administration on Aging and the NIMH, was held as the first formal step toward local-level collaboration of aging and mental health services. This approach was repeated two more times so as to gain coverage of the entire Nation. A manual has been prepared and will be published after it has been approved by the Administration on Aging.

Relationships With the National Institute on Aging

The mandate given to the NIMH by the Congress is to conduct a program of research, training, and services for the prevention and treatment of mental illness and for the maintenance and improvement of the mental health of the Nation. Since persons 65 years of age and older now constitute approximately 11 percent of the population and display the highest incidence of new cases of psychopathology, a significant portion of the NIMH effort should be directed toward the mental health problems and needs of this age group. The basic focus on NIMH efforts must be on mental health. When applied to this age group, the essential considerations are the manner in which aging affects mental health and the influence of mental health upon aging.

In this context, NIA's interest starts with the aging process itself, whereas NIMH's approach begins from the perspective of the mental health and illness of older people. From another vantage point, while NIA looks at biomedical, social, and behavioral aspects of aging with regard to development, NIMH studies adaptive and aberrant psychosocial functioning of the elderly with attention to etiology, prevention, treatment, and service delivery as they relate to mental disorders in later life. The two Institutes also differ in a fundamental structural sense. NIA's focus is targeted specifically toward research and research training, while NIMH's Aging Center program encompasses services and clinical training in addition to research and research training efforts.

Since 1974, staff of the NIMH Center for Studies of the Mental Health of the Aging have served on the Interagency Committee on Research in Aging. This committee, chaired by the Director, NIA, and in conjunction with the National Advisory Council on Aging, helped define the research goals of the NIA and now meets regularly for purposes of coordination and consultation.

In addition, staff of the Center, together with NIA staff, also serve on the Interdepartment Committee on Aging, conducted under the auspices of the Administration on Aging.

Finally, a considerable array of formal and informal relationships exist between the NIMH Center for Studies of the Mental Health of the Aging and the National Institute on Aging. Research applications of interest to both organizations are dually assigned. On occasion, projects with dual assignments, approved by the primary Institute but for which sufficient funds are not available, have been transferred to the secondary Institute for funding consideration.

Collaborative Activities With the Private Sector

During the past year, a publication for physicians on the treatment of depression was completed and distributed to 150,000 primary care physicians in a collaborative venture with the Ciba Pharmaceutical Co. A similar book on sleep disorders was also completed and will be distributed during the coming year.

Staff also worked with more than 25 major pharmaceutical companies in developing and standardizing methods for drug studies in the elderly and in publishing and distributing the definitive reference book in the field, entitled "Assessment in Geriatric Psychopharmacology."

The Alzheimer's Disease Task Force

In April 1983, the Secretary of HHS established a task force on Alzheimer's disease. The task force is chaired by the Assistant Secretary for Health, and membership includes the Assistant Secretary for Planning and Evaluation, the Surgeon General, the Directors of NIMH, NIA, NICHDS, NIAID, the Commissioner on Aging, and representatives of the Veterans Administration and Health Care Financing Administration. Staff support is provided by NIMH. The task force will coordinate research on Alzheimer's disease, share information, identify promising research directions, and provide a vehicle for translating the research into policy and program.

Conferences

In fiscal year 1983, one center-sponsored conference was held and two others were planned. "Psychodynamic Approaches to Treatment of the Elderly" was held in fiscal year 1983 and focused on needed research in psychodynamic psychotherapy. Papers from the conference will be published in fiscal year 1984.

The Center convened the first National Conference on Mental Illness in Nursing Homes. Over 100 scholars, researchers, and providers convened for 3 days to review, analyze, and evaluate the existing research findings and recommended to NIMH a research agenda for mental illness in nursing homes. Seventeen commissioned papers and 17 workshops were held in which issues pertaining to mental health research in nursing homes were discussed.

The Center for Studies of the Mental Health of the Aging has established mental health research in nursing homes as one of its 1986 initiatives. The general aim of this initiative is to improve the mental health status of residents in the Nation's 23,000 nursing homes through a targeted program or research in one or more of four areas—(1) quality of care/quality of life issues, (2) economic and cost issues surrounding nursing home care of the mentally ill, (3) mental health personnel including family adult caregivers, and (4) collection and analysis of data pertaining to psychosocial needs/functioning.

Treatment of Alzheimer's Disease

The pace has accelerated dramatically in the search for an effective treatment for Alzheimer's disease. During the past year, several findings that may prove highly significant were reported. First, studies with the cholinergic drug, physostigmine, alone or in combination with the cholinergic agent lecithin, demonstrated that clinically modest but reliable improvements in memory can be produced in some patients with Alzheimer's disease. Early findings from studies with lecithin combined with the "metabolic enhancer" piracetam also suggest that this combination may be of some therapeutic utility. During the coming year, support for carefully controlled double-blind studies (Ferris Corkin) to test these findings will continue. Another finding or possible significance emerged from a small study suggesting that the opiate antagonist naloxone may be effective in treating Alzheimer's disease. A larger, well-controlled study is now underway to test that possibility (Reisbeco). Other studies now underway are exploring diverse approaches to treatment, including the possibility that certain brain peptides or their analogs may be effective in treating memory impairment (Tinklenberg). On the very frontier of technology, yet other studies (Ferris) are using position emission tomography (PET) to determine the nature of brain metabolic changes in Alzheimer's disease and examine how these changes might be altered by various experimental drugs.

Treatment of Psychosis, Depression, and Sleep Disorders in the Elderly

Studies recently completed (McNair) suggest that certain widely used tricyclic antidepressants (e.g., amitriptyline) can induce market memory and learning impairments in elderly subjects although other (e.g., desipramine) are far less troublesome. A study to be completed this year will examine the utility of using a different type of antidepressant, monamine oxidase inhibitors, in aged patients (Georgatis).

Sleep disorders are extremely common in the elderly and treatment frequently problematic. For example, the most widely prescribed medication for sleep, flurazepam, remains in the body much longer in elderly than in young patients and may cause several major problems including incapacitating daytime drowsiness. Studies are now underway to examine the problems associated with pharmacologic treatment of sleep disorders and alternative drug treatments to those that are currently standard (Shader, Tecce, Prinz, and Rickels).

In treating psychotic disorders in elderly persons, the major problem is the possibility of inducing the serious neurologic side effects that constitute tardive dyskinesia. A major study is now underway (Yesavage) to determine whether this problem can be controlled by carefully monitoring drug plasma levels and lowering dosage accordingly.

Future Directions

The research budget of the Aging Center has remained relatively static over the past years. This stabilization of funds has been matched by concentration and stabilization of the research program. However, the program is now in a position where the cumulative findings are leading to exciting new developments and capabilities in the field. These activities are incorporated into three initiatives for fiscal year 1984.

MENTAL HEALTH AND AGING CLINICAL RESEARCH CENTER

The past years of NIMH support of research in aging have seen a dramatic increase in the investment and sophistication of clinical research. This growth is now at a point where mental health clinical research centers in aging are both feasible and desirable. Systematic planning by the Aging Center and appropriate units of the Division of Extramural Research Programs, conferences on clinical issues, and site visits to ongoing clinical research centers were all carried out. A plan for the program was discussed by the National Advisory Mental Health Council at its December 1983 policy meeting. Like other mental health clinical research centers, those devoted to aging have as their major objective the development and support of capacity, building activities in research and training. These activities: assignment of inpatient beds, development and use of standardized assessment and diagnosis, and support of pilot projects are all meant to form the basis for a coherent and well-integrated research program. A program announcement was issued for the first submission date of March 1, 1984. Grants will be made to one of two mental health and aging clinical research centers in fiscal year 1984.

Health and Behavior Research

This initiative will extend the collaborative model established between the Aging Center and the National Heart, Lung, and Blood Institute examining the behavioral and emotional consequences of hypertension control to other issues and other NIH Institutes. Approaches discussed with other Institutes involve: (a) research on the mental health consequences of physical diseases or conditions (e.g., sensory deprivation arthritis, diabetes, fractures); and (b) research on the physical health consequences of mental health problems (e.g., the relationships between stress and a variety of physical health consequences). Special attention will be paid to drug effects, drug-drug interactions, and unanticipated side effects. A conference will be held in fiscal year on this issue.

The fiscal year 1984 activity is seen as anticipating the PHS Health and Behavior Initiative for fiscal year 1985 where the specific focus is on topic areas for projects which cut across the interests of two or more PHS agencies. Several aging projects are contained in this initiative: psychiatric and behavioral symptoms associated with post menopausal estrogen replacement therapy, psychological, behavioral and psychosocial phenomena that affect the clinical course of elderly persons with hearing or visual impairment; behavioral and somatic side effects of drugs used by the elderly; drug use, misuse, abuse, and related health issues in the elderly; and aging and alcohol usuage. Thus, the model for cofunding and collaboration established as the core of the Center program has been extended as a PHS-wide goal.

Hip Fracture

Hip fracture is a common and devastating illness, striking 200,000 persons in the United States every year. It has been estimated that a white woman 35 years old has an 8 percent chance of having one hip fracture in her life; a white man has a 3 percent chance. Morality 1 year after fracture ranges from 12 to 67 percent. The current cost of hip fracture treatment is estimated to be approximately $1 billion, excluding surgeons' and nursing home fees. This diagnosis now ranks 10th in terms of total patient-days in general hospitals. With the mean age of hip fracture victims in the seventies, and the expectation that the elderly population will double in the next 50 years, this disease will take on even greater significance in the future.

The Surgeon General has long been concerned about the incidence of hip fracture. This year he asked the Center on Aging, NIMH to explore what kind of preventive measures could be directed at hip fracture and if deemed appropriate to organize a demonstration project. On September 19–20 a planning meeting was held at NIH to bring together a group of experts from various disciplines, as well as concerned government agencies to make recommendations to the Surgeon General on the shape that such a preventive effort would take. The meeting was cosponsored by OSC, NIA, AoA, and NIMH.

The single most important causative factor in hip fracture is probably fragility of bone secondary to osteoporosis. Unfortunately, at present there is not adequate treatment for osteoporosis. Because of this any hip fracture reduction program will be directed at other intrinsic (host) and extrinsic (enviromental) factors. These range from improving balance and coordination to eliminating stair hazards and inadequate illumination. Building on the recommendations of the planning meeting the next step will be to organize a trial of the prevention program in a city. The final shaping of the program, as well as the choice of the city are underway now.

THE CHRONICALLY MENTALLY ILL ELDERLY

This initiative is just now in the planning stage and will focus upon the aging of those suffering from lifelong chronic mental illness or emotional disorders, particularly schizophrenia. This activity will be coordinated with the Center's ongoing program interest in nursing homes and will include attention to epidemiology, services research, and psychosocial/behavioral studies.

A first step, the Center has initiated a series of activities on services research for the mentally ill elderly. Two projects, one with the National Association of State Mental Health Program Directors and one with the National Council of Community Mental Health Centers, are designed to stimulate mental health service research grant applications through the development of cooperative relationships between basic and applied researchers and service providers.

DISSEMINATION

While conferences remain a significant focus of dissemination activity to the research and practice communities, the Center has had to curtail much of its other program development in this area due to the freeze on publications across the Department. Two professional staff, both part time, have major involvement in this activity by providing one on one consultation to students, practitioners, planners and others. In addition, Center staff has organized professional symposia at meetings: Gerontological Society of America, National Council on the Aging; National Council of Community Mental Health Centers; American College of Neuropsychopharmacology; American Psychological Association; American Psychiatric Association; American Orthopsychiatric Association; and others. The freeze has not completely ended Center publication activity, however, for collaboration with the private sector has allowed some of this to continue. Finally, we hope that the Secretary's Task Force on Alzheimer's Disease will provide a new or renewed mechanism for direct government sponsorship of dissemination-oriented activities, at least in this significant area.

CLINICAL TRAINING

Various national conferences and commissions addressing mental health and aging training and personnel issues have identified several areas in need of program support:

—A cadre of expert facilty in mental health and aging (career teachers). The faculty development award is designed to prepare teachers of geriatric mental health in clinical training centers where no local resource faculty currently exist.

—Centers of excellence in mental health and aging, with particular emphasis on postgraduate specialty training through fellowships. Posgraduate specialty training in academic geriatric mental health is designed to further develop training programs that are already active in the dissemination of mental health skills and knowledge by increasing the pool of potential faculty members through specialty training; may include a range of other postgraduate training experiences.

—Attention to mental health and aging in the basic training of mental health care providers. Geriatric training models are designed to provide training experience to the nonspecialist in geriatrics and at the same time stimulate the development of model materials and curricula for the incorporation of geriatric mental health skills and knowledge in the general training of the four core disciplines.

Approximately 50 awards were made in fiscal year 1983 for the above three clinical training programs together, these grants distributed among the four core mental health disciplines of psychiatry, psychology, social work and nursing. Continuation of these activities is anticipated in fiscal year 1984. Currently, the first three clinical training areas above are being addressed.

Other areas identified for program support are:

—Continuing education in mental health and aging for those clinicians already in the field.

—Inservice or setting specific training in mental health and aging (e.g., for nursing home personnel).

—Training for families assisting elderly members.

—Curriculum development addressing all of the above in addition to other areas of need.

FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration (FDA) has been very active in developing programs to meet the special needs of the elderly. As the percentage of elderly in the Nation's population continues to increase, more attention is being devoted to and considerable progress has been made in providing assistance toward resolving problems wherever possible. Among the major target areas identified are nutritional needs, drug metabolism differences, patient education needs, and economic limitations. Some of the major initiatives that are underway at the FDA are described below.

HEALTH PROMOTION CONCEPTS

The FDA recognizes the importance of communicating health promotion concepts to all groups, but especially to the elderly population groups.

In September 1983, FDA awarded a contract to provide elderly citizens with increased education foods, drugs, and medical devices. The contractor will also design, develop, and disseminate information which will be tailored to the language levels and health interests of the elderly. Specific product areas for which materials will be developed include nutrition and the elderly, pharaceuticals and medicaitons, and medical augmentary devices/aids for the elderly. The program will serve as a prototype for other organizations providing health promotion programs for this group. Specifically, the program will:

—Provide information on areas of high significance: food (sodium, nutrition and special diets, food and drug interactions, convenience foods), drugs (prescription and OTC drug selection and use, patient informaiton, generic equivalents, adverse reactions reporting, misuse and self-medication, tamper resistant packaging), and medical appliances (intraocular and contact lenses, hearing aids).

—Demonstrate instructional materials that are highly visual and easily comprehensible.

—Demonstrate effective techniques and approaches to reach the elderly population and provide effective feedback to FDA.

—Enlighten elderly consumers on policies and issues whcih have a direct impact on their well-being; and

—Provide opportunities for the elderly to express their concerns on how FDA regulates products.

Other programs which have been udnerway for some time have also been focused specifically on the special needs of the elderly population.

Tamper-resistant packaging (TRP) requirements for drugs promulgated by the FDA have been evaluated with respect to whether elderly persons will be able to manipulate the TRP packaging to open medications. TRP requirements are being tailored to these needs wherever possible.

PATIENT EDUCATION

Information about current drug use is a major focus of improving health. Because the elderly are prescribed more drugs than any other segment of the population, this program is of particular importance. the National Council on Patient Information and Education of which FDA is a member has developed a program entitled "Ask the Doctor," which seeks to instruct patients of the five important questions people need to be aware of when taking medication:

(1) What is the name of the drug and what is it supposed to do?

(2) How and when do I take it and for how long?

(3) What foods, drinks, other medicines, or activities should I avoid while taking this drug?

(4) Are there any side effects, and what do I do if they occur?

(5) Is there any written information available about the drug?

This year FDA, with the cooperation of the Social Security Administration, enclosed a pamphlet with the July mailing of all social security checks in the Nation. The pamphlet alerted recipients to the importance of knowing about medication and provided a contact address for requesting a free brocure on this subject.

The FDA Committee on Patient Education continues as last year in its efforts to promote voluntary efforts to provide information about medications. Numerous initiatives in the private sector have resulted in more drug information for all aspects of the population, and excellent programs specifically oriented toward the elderly are now available. These include a wallet-size identification card on which persons can list, for emergency use, their current medications and specific medical conditions. The card, developed by the National Council for Patient Information and Education which FDA is reprinting and distributing, also reiterates the five questions of the Ask the Doctor program.

In cooperation with National Institute on Aging (NIA), FDA has developed the "Age Page," a flier which seeks to alert and educate older persons about drug and medical information of interest to them. One issue recently published focused on the safe use of medicines by older people. In addition to presenting information of particular interest to the elderly, it is printed in large type and offers large type publications for additional information.

PREMARKET TESTING GUIDELINES

Specific guidelines are being developed by FDA for the premarket testing of drugs in the elderly. Because matabolic changes usually occur during the aging process, safe procedures for testing drugs in the elderly are particularly important. FDA held a National Consumer Exchange meeting on Drug Use in the Elderly in October 1983, at which the guidelines were discussed. Representatives of some of the most active groups promoting attention to drug use in the elderly were present to exchange views with the Acting Commissioner on this and other topics.

The FDA continues to provide Institutional Review Board (IRB) education. This aspect of drug testing and research is particularly important to institutionalized patients, a category comprised of a large number of elderly persons, to insure adequate protection for informed consent FDA continues to work closely with the National Institutes of Health to develop and distribute information sheets to clinical investigators and members of the IRB community.

INTERAGENCY COOPERATIVE EFFORTS

FDA continues to participate in meetings of the ad hoc Interagency Committee to further strengthen our liaison with the NIA. The meetings have focused on the development of new drugs for diseases found more frequently in the aging segment of our population, development of geriatric labeling, review of information related to drug use in the elderly, and review of issues related to drug studies in the elderly.

In addition, the PHS-Administration on Aging (AoA) Working Group continues to develop specific health goals related to elderly populations, as well as materials relevant to their focus: drug use and misuse in the elderly. A major national objective in the area of drug use and misuse is the availability and aproper use of medications for the treatment of medical conditions that are widespread in the elderly population. Components of these objectives include:

—The knowledge by professionals and scientists of physiological drug activity in the elderly.
—The proper dispensing of medications to the elderly by professionals.
—The provision of information to the elderly about the drugs they consume.
—The acquisition by the elderly of information related to the drugs they consume.
—Diminished incidence and severity of adverse drug reactions (single drug, drug-drug, drug-food, drug-alcohol); and
—Appropriate consumption of drugs by the elderly (compliance, self-medication, overuse, etc.).

Identified research objectives for drugs and the elderly include: Specific physiologic and pharmacacodynamic responses to drugs in the elderly; drug surveillance studies in elderly populations; drug testing in the elderly population; study of prescribing patterns by physicians to the elderly; and effective educational techniques with the elderly.

MAXIMUM ALLOWABLE COST (MAC)

The elderly in our population, as users of more medications than other groups, benefit more directly from FDA's review of drugs to establish therapeutic equivalence. Name brand drugs, often marketed at high cost, can in many cases be substituted with a lower cost generic equivalent. This is the basic philosophy underlying HHS' MAC program, through which a maximum cost is established for drugs paid for under tax-supported reimbursement programs such as medicare and medicaid. Continuing review of marketed drugs enables the FDA to expand its listing of therapuetic equivalents, thereby providing more assurance to the elderly that the drugs they need to take can be obtained at the lowest cost with no sacrifice in effectiveness.

PATIENT EDUCATION RESOURCE CENTER (PERC)

This center, organizationally a part of FDA's Committee on Patient Education, has focused on developing a bibliography for professional education purposes, which specifically relates to geriatric applications of drug prescribing and usage. The bibliography is computerized and with its keyword search capability, it is a valuable information resource for health professionals.

DRUG PRODUCT LABELING

FDA is currently developing proposed regulations which would require a geriatric use section in drug product labeling. This will highlight currently known information about specific prescribing differences for geriatric patients and will hopefully encourage the development of additional data related to geriatric use. By highlighting this information, physicians will more easily be able to differentiate recommended dosage variations, etc., which are unique in geriatric patients.

MEDICAL DEVICES OF PARTICULAR BENEFIT TO THE ELDERLY

Data on intraocular lenses (IOL's) continues to demonstrate that a high proportion (85 to 95 percent) of the patients will be able to achieve 20/40 or better vision with the implanted lenses, and that few (3 to 5 percent) will experience poor visual acuity (20/200 or worse). The data also demonstrate that the risks of experiencing a significant postoperative complication are not great. Furthermore, many of the complications result during the early postoperative period and are associated with cataract surgery, and the incidence of these complications is generally not affected by IOL implantation. Approved lenses have a significent impact on the health of elderly patients having surgery to remove cataracts. The IOL's because they are safe and effective, aid elderly patients by increasing the options available to maintain their sight and thus their ability to drive and otherwise lead normal lives. The costs of IOL implantations are competitive will available options, particularly when the continuing costs of contact lens care accessories, such as cleaning and storage solutions, disinfection solutions, or heat disinfection units are considered.

HEARING AIDS

Hearing aids enable senior citizens with amplification impairment to do more than just cope with their disability. They provide them with the ability to carry on useful and functional lives. Our older citizens become very fearful when they cannot hear sounds they once heard. They slowly retrogress, spending more time at home withdrawing from society and from family members. Eventually, they may become nonfunctional and require care. Communication is their window to the enjoyable aspects of life; when they lose it, the process of degeneration may slowly take over. Hearing aids can restore amplification and bring the familiar sounds back into their lives. The day-to-day problems of the hard of hearing can be eliminated with hearing aids, enabling them to enjoy and participate in all there is around.

FDA requires a prospective purchaser of a hearing aid to undergo a medical evaluation no more than 6 months before the sale of a hearing aid to determine the cause of the hearing loss. However, an informed adult, 18 or older, is permitted to waive the medical evaluation requirement.

PACEMAKERS

Dysfunctions of the electrophysiology of the heart can develop with age, be caused by disease, or result from surgery. People with this condition can suffer from fainting, dizziness, lethargy, heart flutter, and a variety of similar discomforts or ills. More seriously, such life-threatening conditions as congestive heart failure or fibrillation can occur. FDA is responsible for policy on the safety, efficacy, and labeling of cardiac pacemakers.

The modern pacemaker is designed to supply stimulating electric pulses when needed to the upper or lower chambers of the heart, or with some newer models, both. It has corrected many of the above pathological conditions for a larger number of people. Approximately half a million elderly persons have pacemakers. At present, an estimated 125,000 pacemakers are implanted annually, 30 percent being replacements. An estimated 74 percent of these are for persons 65 years of age or older. Without pacemakers, many of these people would not have survived, others are protected from life-threatening situations and, for most, the quality of life has been improved. Pacemakers can make life more enjoyable for the patients by enabling them to lead more active lives which require less care. In general, it can be said that pacemakers contribute to the physical and mental well-being of the elderly in our population.

RADIOLOGICAL DEVICE PROGRAMS OF BENEFIT TO THE ELDERLY

Sensorimetric technique for the evaluation of processing (STEP)—a study of X-ray film processor operations in selected diagnostic radiology facilities showed variations in processor performance that may be indicative of unnecessarily high patient exposures. As a result of this study, FDA, in cooperation with the Conference of Radiation Control Program Directors, Inc., developed and begun pilot testing a sensorimetric technique for the evaluation of processing. The procedure takes less than 5 minutes, gives an immediate indication of processing speed, and will identify overprocessing or underprocessing. Pilot testing of the STEP procedures continues and current plans call for providing training shortly to all States.

TELERADIOLOGY

Teleradiology is the electronic transmission of radiographic images from remote clinics without specialty services to medical centers where radiologists are available. This program, initiated in 1982, has been expanded and continues to provide improved services and image quality, thus improving the physician's diagnostic reference.

The teleradiology system was developed to provide access to radiology services to military personnel and civilians in remote areas. This system would be particularly helpful to the elderly living in isolated areas. A field trial of the system was conducted in which X-ray examinations (performed at clinics located 10 to 150 miles from the site where the images were to be interpreted) were sent by television camera and special telephone lines to be stored on magnetic discs. During regular reading times, radiologists called up the radiographs on the discs and displayed them on video monitors for interpretation. A priority mode was available for emergency cases. Throughout the field trial, data were collected on the technical performance of the system, and a panel of senior radiologists reviewed a sample of the 5,000 cases to determine the accuracy of video interpretation. FDA has established an archive consisting of the 500 cases which were reviewed during the field trial which will be made available to qualified investigators interested in furthering the development of teleradiology.

HEALTH FRAUD

FDA has developed an agencywide comprehensive umbrella consumer education program which encompasses all aspects of health fraud, but focuses on deceptive medical devices, misrepresented drugs, and food fadism.

Health fraud, or quackery is a widely used terms that means different things to different people. FDA's Committee on Quackery defined quackery as: "The practice of making false, misleading, or deceptive nutritional health, or cosmetic claims for FDA-regulated products which are regarded as worthless for such intended uses by experts qualified by scientific training and experience to evaluate their safety and effectiveness."

Health, fraud may be a serious and oftentimes expensive problem for the elderly. For example, the National Arthritis Foundation estimates that the American public pays from $5 to $10 billion a year for health frauds.

It can also pose direct and indirect health hazards as well as economic losses, to those who are misled by promises of quick and easy cures and unrealistic physical transformations. The more serious forms of health fraud involve products and present direct or indirect health hazards. The former are products which, even when used as directed, have the potential to cause injury or death. The latter includes products offered for diagnosis or treatment of serious ailments, such as cancer, but that are ineffective for such use. Using these products may delay obtaining recognized medical treatment.

FDA will always respond to complaints about products that cause injuries or pose other serious health hazards. In addition, one of the objectives of FDA's consumer education program is to provide guidance that helps consumers recognize quackery, evaluate claims, and make informed decisions for themselves.

FOOD PROGRAMS FOR THE ELDERLY

FDA has been involved in cooperative programs with the Federal Administration on Aging (AoA) to help open lines of communication and training between personnel involved in food services programs for the elderly and State and local food officials. In addition to providing food, handling training, and seminars, FDA has engaged participation in management training and certification in food protection sanitation. The agency routinely makes available copies of FDA codes and guidelines as well as periodic listing of training programs.

Because AoA furnishes home-delivery means (meals-on-wheel program) and there exist unique programs in equipment and transportation, FDA has assisted with development of, in conjunction with the University of Colorado, a new training program (slide show) specifically designed to meet the needs of personnel involved in a home-delivery program. This will help to insure safer food delivery systems to a population which relies on this food assistance.

SODIUM

FDA has underway a major initiative oriented toward educating consumers about the relationship between sodium and hypertension. Because many persons suffering from hypertension fall into the elderly category, the agency has specifically geared certain aspects of the program toward older Americans. In addition to promoting voluntary sodium content labeling, FDA has published a number of educational materials. One of them, "Sodium Facts for Older Citizens," addresses the educational needs of this specific group. In addition, the agency has contracted with the National Urban League for a pilot study on a program targeted toward a number of specific groups including the elderly black population.

FOOD LABELING

Nutrition information is of particular value to older persons, many of whom are advised by their physician to restrict consumption of salt and other food components. Thus, the sodium labeling and cholesterol labeling programs, when finalized, are expected to have a major impact on health. EDA published in the Federal Register a proposed rule concerning the declaration of sodium content of foods and label claims concerning the declaration of sodium content. The purpose of this is to amend the food labeling regulations to provide more sodium information to consumers so that they can make wise food choices, and have the information they need to follow low-sodium diets prescribed by their physicians.

The proposed regulations define terms denoting levels of sodium and specify the maximum levels of sodium that a serving may contain when these terms are used on the product label.

These rules, when finalized, will require the declaration of the sodium content on food labels which contain nutrition information. Nutrition information is required if a processor adds nutrients to a product or makes nutritional claims about it. However, the voluntary inclusion of salt/sodium information on a product label does not require the manufacturer to provide full nutrition labeling. In addition, the agency is recommending the voluntary inclusion of potassium content information in nutrition labeling because people with kidney and some other diseases who must control their sodium intake must also control their potassium intake. Also, people with high blood pressure and other related health problems often use potassium in place of sodium.

Many major food manufacturers have voluntarily included sodium information on food labels since FDA began the sodium education program last year. In 1983, approximately one-third of the processed foods FDA regulates bears voluntary sodium labeling, compared to only 13 percent in 1981. In addition, several manufacturers are marketing (or considering) foods that are low in sodium, and some are conducting sodium education campaigns.

FDA also is working on a proposal that would amend current regulations to require cholesterol and fatty acid content of foods to be included as part of nutrition labeling when claims about these substances are made. Most consumers, but especially the elderly, are vulnerable to misleading claims about the value of particular methods in preventing or treating heart and artery disease. Cholesterol and fatty acid claims have the potential to be misleading in this regard. Nutrition information about cholesterol and fatty acid content on the food label would minimize the potential for deception and aid individuals on fat-modified diets.

Total Diet Studies

The FDA revised the total diet studies program to reflect changes in current food consumption data developed by the U.S. Department of Agriculturea (USDA) and the National Center for Health Statistics, analysis of individual foods (rather than the previous food grouping or "composites"), and computerized data manipulation to permit the determination of daily dietary intakes of contaminants and elected nutrients for almost any population or age group in the United States.

Since the 1960's this program—also known as the FDA Market Basket Study—has enabled the agency to measure the levels of pesticides, industrial chemicals, toxic chemicals, radionuclides, and essential minerals in the diets of various components of society. The revised program will enable the agency to determine dietary intake by almost any age population group in the United States. The program will help to identify any problems that may exist specifically relating to elderly populations.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) provides leadership and direction to programs and activities designed to improve health services for all people in the United States and to develop health care maintenance systems which are adequately financed, comprehensive, interrelated, and responsive to the needs of individuals and families in all levels of society. Specifically, the agency: (1) Provides leadership and supports efforts designed to integrate health services delivery programs with public and private health financing programs including the health maintenance organizations; (2) administers the health services block grants, categorical grants, and formula grant-supported programs; (3) provides or arranges for personal health services including both hospital and outpatient care to designated beneficiaries; (4) administers programs to improve the utilization of health resources through health planning; (5) provides technical assistance for modernizing or replacing health care facilities; (6) provides leadership to improve the education, training, distribution, supply, use, and quality of the Nation's health personnel; and (7) provides advice and support to the Assistant Secretary for Health (ASH) in formulation of health policies.

The areas of responsibility as outlined above are carried out by four Bureaus within HRSA as follows: Bureau of Health Professions, Bureau of Health Care Delivery and Assistance, Indian Health Service, and Bureau of Health Maintenance Organizations and Resources Development. The activities of each Bureau have a significant impact on programs and services for the elderly throughout the Nation. These activities for 1983 are reported below.

Bureau of Health Professions (BHPr)

The Bureau of Health Professions provides national leadership in coordinating, evaluating, and supporting the development and utilization of U.S. health personnel. It assesses the supply and requirements of the Nation's health professions and develops and administers programs to meet those requirements; collects, analyzes data, and disseminates information on the characteristics and capacities of health professions production systems; and develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems. The Bureau provides financial support to institutions and individuals for health education programs, administers Federal programs for targeted health personnel development and utilization, and provides technical assistance to national, State, and local agencies, organizations, and institutions for the development, production, utilization, and evaluation of health personnel.

Fiscal year 1983 program activities directed toward the development of professional personnel to provide health care to the aged include:

(1) Activities under training authorities targeted specifically for geriatric endeavors.

(2) Activities under training authorities for primary care, nursing, and other health professionals under which geriatric training may be provided.

(3) Other activities aimed at enhancing the qualifications of future health care providers.

GERIATRIC EDUCATION CENTERS

Four geriatric education centers were funded for the first time in fiscal year 1983 under section 788(b) of the PHS Act, an authority which includes a focus on extending geriatric training. The centers are located in the following cities and institutions: Ann Arbor, Mich. University of Michigan; Boston, Mass. Harvard Medical School; Buffalo, N.Y. State University of New York; Los Angeles, Calif., University of Southern California.

The awards are for 3 years; the first year grants totaled about $870,000.

The four centers are to be prototypical regional resources providing multidisciplinary training for health professions in geriatric care. They will provide comprehensive services to the health professions educational community within designated geopraghical areas. Activities include faculty training in medicine, osteopathy, dentistry, pharmacy, nursing, and related allied and public or community health disciplines. Other purposes are the provision of technical assistance in the design and conduct of inservice and continuing education programs for practicing health professionals and assisting health professions schools in the selection, installation, implementation, and evaluation of appropriate geriatric course materials and curriculum improvements.

PRIMARY CARE TRAINING

Family medicine residency training grants amounting to more than $1.7 million were awarded specifically to support geriatric activities. These 52 grants represent a fivefold increase over the previous year's awards for this purpose. Supported activities range from elective course offerings to compensation for geriatric consultants and instructors.

Grants awarded for predoctoral training in family medicine include 47 projects which intend to provide curriculum materials in geriatrics and gerontology to more than 850 undergraduate medical students. In addition, awards of about $140,000 to 18 departments of family medicine will strengthen clinical geriatric teaching.

General internal medicine and general pediatric grant awards to 22 residency programs support experiences with the aged through electives and/or optional rotations for about 125 residents.

Twenty-five projects in the physician assistants program are providing didactic and clinical medicine lectures and other geriatric educational experiences. An estimated $52,100 will be spent for these efforts. This is a substantial increase over such activities in fiscal year 1982.

Five area health education center programs received about $290,000 for geriatric training, involving an estimated 3,600 persons. The largest recipient was the University of Maryland at Baltimore, which received $195,000 to continue development of a program which includes graduate and undergraduate medical training, as well as education and clinical experiences in caring for the elderly to students in dentistry, nursing, pharmacy, social work, and law in six community-based ambulatory care centers in medically underserved areas in the Baltimore metropolitan area.

Training in geriatric dentistry occurs as part of the dental general practice residency program. These activities are conducted in hospitals and include comprehensive dental services to elderly persons.

NURSE TRAINING

A sizable portion of nursing activity in fiscal year 1983 was directed toward geriatric and gerontologic research and education. This work involved the following major activities:

- —The nursing research program supports both the development of knowledge underlying problems of the elderly and the investigation of interventions affecting the well-being of elderly populations. In fiscal year 1983, six nursing research grants, amounting to over $630,000, supported research on topics such as "Assessment of the Functional Capacity of the Hispanic Elderly" and "Effects of Preventive Care Exercise on Elders."
- —The advanced nurse training program awarded over $1.2 million to support gerontological and geriatric nursing concentrations as part of master's and doctoral level nurse training programs.
- —Eleven geriatric nurse practitioner grants were funded in the amount of $1.4 million in fiscal year 1983 to provide special preparation in the care of well and frail elderly receiving care in a variety of settings.
- —Special project grants amounting to about $360,000 were awarded to three university-based nurse training programs. These projects are aimed at: (1) A continuing education gerontology training program for nurse educators, (2) a nurse assessment/management program for use with the frail elderly, and (3) a continuing education program for registered nurses through the use of cable television and videotape rentals to health agencies and other institutions.

—A geriatric educational program for registered nurses is being developed and implemented with contract support. It includes 20 modules involving three major topics: (1) Skilled gerontologic nursing care, (2) education and supervision of health care personnel to provide quality care to the elderly, and (3) administration and management of health care delivery systems serving aged populations.

—A nursing practice center is being developed, implemented, and evaluated through contract support. The center will demonstrate and test innovative methods of providing nursing services including improvement of the delivery of ambulatory nursing wellness care for an identified population of older citizens.

OTHER TRAINING SUPPORT

An analysis of resources used in geriatric dental education will be made as the result of a survey of the 60 accredited U.S. dental schools. The supporting contract equaled about $40,000. Findings will be available in the fall of 1984.

Surveys are also being designed to assess the status of geriatric curricula for the following health professions: allopathic and osteopathic medicine, nursing, podiatry, pharmacy, and physical and occupational therapy. The supporting contracts amounted to about $48,000. Findings from these surveys are expected early in 1985.

An evaluation of the effects of grants awarded in fiscal years 1979 and 1980 to 27 projects to develop and implement interdisciplinary geriatric curricula is underway. Particular attention is being focused on the current utilization of the geriatric educational materials developed and the extent the institutions adopted the proposed training. The contract involves $112,265.

OTHER ACTIVITIES

A literature review of the "Geriatric Specialty" presented facts and expert opinions concerning the establishment of a medical specialty in geriatrics. The paper gave high priority to efforts toward improvement of the geriatric capabilities of all physicians. A second paper describing some selected nontraditional health care models in the area of congregate housing, home health care, and nursing homes is also being developed.

A review of the status of geriatric dental education examined the dental care needs of the elderly. It also discussed potential approaches to addressing these needs, particularly for training dental personnel.

An interagency agreement between the Division of Nursing and the National Center for Health Statistics provided $300,000 in fiscal year 1983 to extend the 1984 National Nursing Home Survey. Additional data will be collected concerning types of nursing home personnel, staffing and vacancy rates, employment conditions, and the recruitment and retention of registered nurses.

Two national conferences are being planned for fiscal year 1984. The first conference will include staff from the four geriatric education centers who will exchange progress information on such topics as faculty development and recruitment, curriculum development, clearinghouse activities, and problems encountered in providing technical assistance to other health professions educational institutions. The second conference will address current and long-range requirements in geriatric education, strategies for targeting training on national long-term care priorities, and the need for acquisition and dissemination of information relating to the preparation of practicing health personnel to better serve the aging population. Invitees will include key representatives from leading institutions in geriatric education and from professional associations, Federal agencies, and other organizations.

BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE

HRSA continued its support for a variety of health care programs which were widely used by older Americans in fiscal year 1983. (About 400,000 people 65 years of age or older were among the 4.5 million people treated in the 530 community health centers (CHC) and 128 migrant health centers (MHC) which were funded by the Bureau of Health Care Delivery and Assistance, formerly the Bureau of Community Health Services.) In fiscal year 1983, a total of 2,835 National Health Service Corps (NHSC) professionals served in health manpower shortage areas providing care to nearly 2.3 million people. As described below, the health care programs and services offered by HRSA were used by older Americans who were among the medically underserved and statutorily defined beneficiary population groups served by HRSA. Ninety-nine grants were awarded in fiscal year 1983 to expand the Nation's capacity to provide home health care services. Approximately 60 to 70 percent of the population served by the home health care services program are age 65 or older.

COMMUNITY HEALTH CENTERS

In fiscal year 1983, a total of 530 CHC's located in medically underserved areas provided a range of preventive, curative, and rehabilitative services to 4.5 million persons. About 9 percent of those served were age 65 or older. Formal and informal linkages existed between some centers grantees, the U.S. Department of Agriculture (USDA), and the Administration on Aging (AoA) to augment the number of social and nutritional programs available. These include the food stamp program, the meals-on-wheels projects, and programs in which the CHC provides service to seniors in congregate housing and sponsors multiphasic screening clinics in senior citizen centers and recreational areas. Other linkages include transportation arrangements with long-term care institutions and individual service arrangements with nonprofit senior centers and home health agencies. Special efforts have been made to integrate home health services into an overall health, care package as evidenced by the certification of several CHC's as medicare home health providers.

MIGRANT HEALTH

The MHC program provides health care services for migrant and seasonal farmworkers and their families. Migrants live and work in predominantly rural areas where health resources are frequently scarce. The elderly migrant, beset by increasing health problems, is placed in a vulnerable position—faced with inadequate health resources and manpower, and language and cultural barriers. The MHC program authority, section 329 of the PHS Act, as amended November 1978, includes language that broadens eligibility to include a significant number of elderly and disabled. With that legislative authority, the MHC program can serve "individuals who have previously been agricultural workers but can no longer be employed as migrant farmworkers because of age or disability, and members of their families within the area it serves." In fiscal year 1983, services were provided to 416,000 migrant and seasonal farmworkers through 128 projects. It is estimated that about 2 percent of the migrant and seasonal farmworkers being served in projects funded with section 329 funds are 65 or older.

THE NATIONAL HEALTH SERVICE CORPS

The mission of the NHSC is to provide health manpower to American communities and population groups whose health needs are not otherwise fully met. The NHSC places physicians, dentists, nurse practitioners, and other health professionals in areas that have health manpower shortages. Older Americans with special health needs and reduced mobility need primary care providers close at hand. The Corps worker closely with the CHC and MHC programs and provides assistance in recruiting health manpower for these programs.

In fiscal year 1983, the NHSC affirmed its commitment of health care to the elderly. The Corps focused on geriatric medicine and other gerontological issues at the NHSC regional inservice conferences for providers and emphasized geriatric health concepts. Through various programs in communities, Corps assignees reach the elderly with programs such as nutrition counseling, high blood pressure screenings, physical therapy, and stroke prevention.

INDIAN HEALTH SERVICE

The Indian health program provides health services to approximately 905,000 American Indians and Alaska Natives, who reside within the geographic area of about 500 federally recognized tribal entities located in 28 State including Alaska. It is estimated that 5.2 percent (70,600) of the American Indian and Alaska Native population is 65 and over. (Based on a 1980 census, age distribution for American Indians and Alaskan Natives residing in 28 States in which IHS has responsibilities.) There is a preponderance of younger persons in the IHS population; the Indian and Alaska Native median age is 22 which is lower than the median age of 30 of all races in the United States. However, attention is being focused on the needs of the elderly primarily as a consequence of both the yearly Indian Conference on Health of the Elderly conducted by the National Indian Council on Aging and titles III and VI of the Older Americans Act.

Specific services and interagency linkages have been geared to serve the special health needs of the elderly. Services offered in conjunction with the Administration on Aging include congregate meals, meals-on-wheels, minor home repair, shopping assistance, transportation, health surveillance, outreach, part-time employment, and inservice training for titles III and VI personnel. Other linkages include the IHS medical and social service surveillance for nursing home and extended medical care patients, and assistance in obtaining services under medicare, medicaid, the USDA-administered food assistance program, Veterans Administration, and other Federal and State programs.

BUREAU OF HEALTH MAINTENANCE ORGANIZATIONS AND RESOURCES DEVELOPMENT

In recognition of the advantages of health maintenance organization (HMO) membership to medicare beneficiaries, section 1876 of title XVIII of the Social Security Act was amended in the Tax Equity and Fiscal Responsibility Act of 1982. The amendments are intended to encourage and facilitate medicare enrollment in HMO's. The Office of Health Maintenance Organizations (OHMO) is working closely with the Health Care Financing Administration to implement the amendments and anticipates that the determination of organizations eligible to provide services to medicare beneficiaries will be integrated with the OHMO responsibility to designate federally qualified HMO's under title XIII of the Public Health Service Act.

HMO's are interested increasingly in expanding their services to the aging. For the elderly, the comprehensive services (including preventive health services) available from an HMO federally qualified under title XIII are a significant incentive to join an HMO.

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON AGING

INTRODUCTION

Each year, as we learn more about the burgeoning costs of medical care, the importance of understanding the process of aging becomes more apparent to health care planners and others responsible for providing health services. The proportion of older persons in the United States—defined as those over 65—has grown from 4 percent in 1900 to almost 12 percent in 1983. It is estimated that in 2030, 18.3 percent of our population will be over 65 and, of these, 10 percent will be over 85. These changes in the structure of our society have profound implications for our health care system, a system that will face the dilemma of caring for increasing numbers of people over the next 50 years.

Defined most broadly, the health care system includes both short-term hospital and long-term institutional care as well as social supports for older persons and family members that may assume more responsibility for caring for aging friends and relatives. To plan and make decisions that are rational, beneficial, and cost effective, health care administrators, physicians, nurses, social workers, and others will need to rely on accurate scientific research on the disease states common in the aged and the changes that occur as part of normal aging.

The National Institute on Aging (NIA), the newest of the National Institutes of Health (NIH), is responsible for conducting and supporting biological, behavioral, social, and epidemiological research and training on all aspects of the aging process. During 1983, the numerous NIA research projects have shed light on some of the many mysteries of the aging process. The institute has also continued to encourage the academic community to make geriatrics a more prominent part of their educational and research programs.

PROGRAM HIGHLIGHTS

NIA SPONSORS ASSESSMENT TECHNOLOGY CONFERENCE

The constant expansion of our older population poses a major challenge to health care planners, especially those concerned with long-term care. The cost alone is staggering. In 1980, $22 billion were spent on nursing home care and by 1990 nursing home costs are estimated to soar to $75 billion annually. As a society we are relatively unprepared for this wave of older people.

From a medical point of view, there is a need to adequately assess the functional status of the older patient. Often, the first interaction between patient and physician is crucial. A comprehensive evaluation of the patient's functional capacities as well as his or her social support system establishes a rational basis for treatment plans geared to the patient's biomedical, psychological, and social needs. If this kind of evaluation is not made, correctable problems may be missed or the patient may not receive the specific level and type of care needed. Various evaluation instruments, collectively known as assessment technology, have been developed to guide comprehensive assessment of older patients.

It is against this backdrop that the NIA, the NIH Office of Medical Applications of Research, the American Medical Association, and the National Center for Health Services Research sponsored a joint conference in Bethesda, Md., to look into the state of the art of assessment technology and how it is employed in clinical, educational, and administrative settings. The conference, attended by 637 health professionals, administrators, and planners and other persons from across the Nation, was held on June 29 and 30, 1983. The goals of the conference were to heighten the awareness of health professionals to the importance of comprehensive assessment of elderly patients, to identify and describe a sample of assessment instruments which are now available, and to circumscribe the state of current research in the assessment field. Proceedings of the conference were published in the November and December issues of the Journal of the American Geriatrics Society.

BALTIMORE LONGITUDINAL STUDY OF AGING CELEBRATES ITS 25TH ANNIVERSARY

In September 1983, the Gerontology Research Center's (GRC) Baltimore Longitudinal Study on Aging (BLSA) celebrated its 25th anniversary in Baltimore, Md. More than 400 BLSA volunteers and family members, NIA staff, and guests attended the 3-day silver anniversary program during which speakers detailed progress in human aging research. Speakers included Dr. Lewis Thomas, chancellor of the Memorial Sloan-Kettering Cancer Center, and various GRC researchers who highlighted BLSA research findings from the past 25 years. Dr. Nathan Shock, NIH scientist emeritus and founder of the study, received the Founder's Award for his pioneering work.

Before the BLSA was established in 1958, most research on aging involved sick, institutionalized elderly. The BLSA set out to measure physiological and psychological functions in community-living volunteers over long periods of time and to address questions such as: How do the changes that occur with normal aging differ from those associated with disease? How does one's age affect the course of various diseases? Why do some individuals keep their physical and mental health better than others?

To answer these and other questions required volunteers willing to travel to Baltimore to undergo extensive physical examinations, take tests of memory and learning abilities, and answer detailed questions about their social and behavioral patterns. The BLSA's first volunteer, Dr. W. W. Peter, a retired Public Health Service physician, enthusiastically recruited many of his colleagues to participate in the small project. In 1978, the BLSA was expanded to include women. Today, over 1,000 volunteers, ranging in age from 20 to 96 years, return to the GRC on the average of every 2 years for 2½ days of testing.

NIA SPONSORS PHARMACOLOGY SEMINAR

In August 1983, the biomedical research and clinical medicine (BRCM) program of the NIA sponsored a satellite seminar to the Second World Congress on Clinical Pharmacology and Therapeutics. The subject of the semiar was "Aging and Drugs That Influence Noradrenergic Systems in Man." Speakers from several countries and the United States convened in Bethesda, Md., to discuss such issues as the effects of aging on drug pharmacokinetics, pathophysiology of altered cardiovascular system response, and pharmacokinetics in the central nervous system in relation to the blood-brain barrier and aging.

NEW PROGRAM ANNOUNCEMENTS AND GRANT MECHANISMS DEVELOPED

In 1983, the NIA announced its interest in supporting research on genetics, molecular and cellular biology; health behaviors and aging; clinical testing of orphan products for rare diseases; social evnironments influencing health and effective functioning in the middle and later years; and aging and visual perception.

A Special Emphasis Reserach Career award (SERCA) for social and behavioral scientists in behavioral geriatrics research was announced in November 1983. This award offers the opportunity for social and behavioral scientists to acquire supplementary biomedical research training and interdisciplinary research experience in order to pursue a research career in aging and health promotion.

The Institute also initiated two new grant mechanisms, the small business innovative research program and the Physician Scientist Award. The purpose of the small business program is to stimulate technological innovation among the private sector, specifically among businesses that operate with 500 or fewer employees or businesses owned by minority or disadvantaged persons. The Physician Scientist Award provides up to 5 years of support for newly trained clinicians to develop into independnet investigators, to obtain research experience under the sponsorship of a basic research scientist, and to initiate a research program.

MUSEUM PROGRAMS OPENED TO THE ELDERLY

The Information Office, NIA, has worked cooperatively with the Smithsonian Institution and a number of other organizations including the Johns Hopkins Medical Institutions, the National Council on Aging, and the Grand Peoples Company of Los Angeles to organize a series of seminars on museum programs for the elderly. In these seminars gerontologists outline the process of aging, and museum programs for the elderly are described or visited. So far, two seminars have been held, one in San Marino, Calif., in October 1982, and one in Washington, D.C., in August 1983. Over 75 museums have sent educators to attend and to bring back information about developing special programs. In some cases the programs are targeted for an elderly audience and in others the elderly are recruited to serve the museums. Some programs are designed to allow museums to go into retirement settings or nursing homes. These seminars have served to increase greatly the consciousness about the elderly and to encourage museum personnel to view older people both as an important audience and as a resource for their institutions.

NIA COSPONSORS SHOPPING MALL EXHIBIT PROVIDING HEALTH INFORMATION

In a continuing effort to work collaboratively with the private sector, the NIA Information Office has joined forces with Pfizer Laboratories in sponsoring a traveling shopping-mall exhibit featuring free health information for older people. Pfizer designed and built the exhibit, and printed 145,000 copies of a brochure compiling all 21 of the NIA's Age Page fact sheets. (The Age Page is a series of practical health-information flyers on such topics as high blood pressure, nutrition, exercise, dental care, etc.) In addition to providing Pfizer with the Age Pages, NIA staff assisted in the design of both the exhibit and the brochure.

The shopping mall festival program is being sponsored by the American Association of Retired Persons in cooperation with the shopping center network. The network's research department preselected shopping malls which serve the 50- to 70-year-old populations in particular.

The exhibit began a 20-city tour of the United States in September 1983 and will continue through March 1984. It is expected that as many as 1.5 million consumers will pass by the exhibit during the tour.

This program allows the Institute to reach a wide audience of older Americans at vitually no cost to the government. The Information Office continues to seek similar programs in order to meet its responsibilities in the area of health promotion.

NIA ASSISTS IN INTERAGENCY HEALTH PROMOTION/DISEASE PREVENTION EFFORTS

The Institute has been significantly involved in the Public Health Service/Administration on Aging collaboration on health promotion efforts involving the elderly. An NIA staff member chaired one of the four work groups (injury prevention and control) which comprise the collaborative venture between PHS and AoA and submitted a report on that area to the Surgeon General. In addition, the Institute has supported, along with other agencies, a special consultant group on hip fracture reduction, an outgrowth of the injury control initiative. The NIA is currently involved in preparing for the National Media Campaign on Health Promotion and Disease Prevention for elderly to be initiated in May 1984 and retains responsibility for implementing recommendations for the injury prevention initiative.

NEW NIA DIRECTOR APPOINTED

On July 1, 1983, Dr. T. Franklin was appointed director of the NIA. He formerly served as a professor of medicine and a professor of preventive, family, and rehabilitation medicine at the University of Rochester School of Medicine and Dentistry. He was also codirector of the Center on Aging, University of Rochester Medical Center.

He replaces Dr. Robert L. Ringler, who served as acting director for the Institute from July 1982 through June 1983.

TEACHING NURSING HOME PROGRAM ENTERS SECOND YEAR

The teaching nursing home program, an innovative project designed to bring together nursing home patients and researchers at medical schools, enters its second year with the award of three new grants.

Five institutions in Boston—the Hebrew Rehabilitation Center for Aged, Beth Israel Hospital, Massachusetts General Hospital, Harvard Medical School, and Boston University's School of Medicine—will participate in the first program. Among the areas that the Boston investigators will emphasize are the neurological and endocrine changes seen in the brains of Alzheimer's patients and the effects that antidepressant medications have on these changes. They will also explore the connection between blood pressure and loss of consciousness in the elderly, and the diagnosis and treatment of urinary incontinence. Another study will examine the effects of sun exposure and diet on vitamin D levels in older people.

The Department of Epidemiology and Community Medicine at Case Western Reserve University in Cleveland, Ohio, will receive the second grant. Cooperating in the program will be the University's Office of Geriatric Medicine, the School of Nursing, and four area nursing homes. The Cleveland project will include a follow-up to a 1975 study on the physical, metal, economic, and social status of medicare participants in the Cleveland area. The investigators will also investigate age-related changes in the strength and endurance of the respiratory muscles.

The third grant will be awarded to the Johns Hopkins University School of Medicine's program in gerontology and geriatric medicine. This project will involve the University's Department of Nursing and School of Public Health, the Baltimore City Hospitals, and the Baltimore City Hospital's Mason F. Lord Chronic Care facility. Research will concentrate on the effects of aging on the cardiovascular, neurological, and hormonal function in obese individuals, The investigators will also examine the potential benefits of exercise and weight loss for older people in terms of sleep-related problem, cardiovascular fitness, and cognitive functions such as memory and learning.

All three projects will be funded for a 5-year period

The institutions awarded grants last year, and Albert Einstein College of Medicine and the Philadelphia Geriatric Center, continue to make progress, the former in the areas of drug treatment for memory loss in patients with senile dementia, correlations between cognitive changes in Alzheimer's disease and genetic factors, osteoarthritis, and problems of balance and gait, and the latter in the areas of urinary tract infections, cognitive therapy for stroke rehabilitation, and sleep apnea, among others.

With cooperation from the Beverly Foundation, the NIA plans to sponsor a major conference on the teaching nursing home concept in March 1984. This conference will present existing approaches to research in this setting and will explore the challenges for future research and educational opportunities.

NIA SPONSORS WORKSHOP ON LIVING ALONE IN MIDDLE AND LATER LIFE

During the transition from childhood to adulthood and again during the later years, Americans are more likely to live alone than during other periods in the life course. In September 1983, the NIA's behavioral sciences research (BSR) program hosted a workshop to examine what is known about the living arrangements of the older population and the consequences of living alone. Institute-supported investigators from a variety of disciplines met to discuss current research as well as research needs related to the growing number of persons, particularly women over age 75, who live alone. The discussion focused on trends in living arrangements, factors influencing those trends, and the effects, or possible effects, of living alone on social contacts, psychological well-being, diet, general health, and the need for and use of services.

RESEARCH TOPICS IN WORK AND RETIREMENT DISCUSSED AT INSTITUTE-SPONSORED CONFERENCE

Also in September 1983, the BSR program provided an opportunity for NIA-supported scientists to share information on their research findings and goals in the areas of work and retirement. Discussion focused on factors involved in the decision to retire, and on the social, psychological, economic, and health consequences of work and retirement. Participants also discussed current research in the exciting but relatively unexplored area of voluntary activities and other forms of unpaid employment, as well as the need for research on the implications for older people of technological changes in the workplace, the experience of older women approaching retirement, the implications of population aging on work organization, and a range of other issues.

RESEARCH HIGHLIGHTS

TRANSPLANTED NERVE CELLS ENHANCE MEMORY IN ANIMALS

During the past few years, investigators around the world have successfully transplanted brain tissue from one animal to another. With support from the NIA, Dr. John Sladek, Jr. and his colleagues at the University of Rochester, New York, have begun to study the ability of transplanted nerve cells to restore or enhance memory in aged rats.

The investigators compared three groups of animals: 3-month-old rats, 26-month-old (or aged) rats, and 26-month-old rats that had received surgical grafts of young healthy brain tissue containing norepinephrine. Norepinephrine is one of several neurotransmitters known to affect memory. On a test of the rats' memories, the normal aged rats performed poorly, but the aged rats hosting the grafts performed much like the younger animals. According to the investigators, these animals exhibited "perfect memory" 24 hours after training.

The brain may be the ideal host for transplanted tissue. The blood-brain barrier is so efficient in its role as the brain's protector that it keeps out antibodies which normally gather at the site of a foreign substance in other parts of the body. To a certain degree, however, the aged brain presents more of a challenge to investigators. The success of a transplant depends upon the brain's ability to form new communication pathways quickly and efficiently. Studies by Dr. Sladek and others suggest that the aged brain does have this flexibility.

Dr. Sladek's future studies will focus on the long-term survival of grafted tissue in older animal brains. Clearly, the age of the donor is more important than the age of the recipient and, at least in Dr. Sladek's studies, the age of the recipient does not preclude success. If this continues to prove true, then such studies may have important implications for preventing memory loss and for treating Alzheimer's disease and other diseases of aging.

SCIENTISTS REFINE DISTINCTIONS BETWEEN TYPES OF MEMORY LOSS IN ALZHEIMER'S DISEASE

Loss of memory is the first, the most obvious, and, ultimately, the most debilitating sympton of Alzheimer's disease. Much research on the disease has focused on patient's progressive loss of memory for recent events, names, faces, and places.

It may be, however, that certain pieces of memory remain intact even when Alzheimer's disease strikes. According to investigators at the University of Pittsburgh in Pennsylvania, studies of Alzheimer's disease may be concentrating too heavily on episodic memory with relatively little attention given to the role of semantic memory. Episodic memory is the system of recalling specific things and events that is severely compromised in Alzheimer's disease. Semantic memory is the system for coding information within an organized framework that tells a person, for example, that a broom is used to clean or that a doctor works in a hospital.

Dr. Robert Nebes and his colleagues are trying to determine if semantic memory is affected in Alzheimer's disease. The investigators selected 18 patients with a diagnosis of Alzheimer's disease and 18 healthy volunteers and compared their performance on several memory tests that required an automatic response. In tests of memory in other laboratories, volunteers are often required to pay close attention while "learning" the task, or to consciously code or recall new information. On the basis of these preliminary tests, the investigators determined that semantic memory is largely unaffected in the early stages of Alzheimer's disease. This finding agrees, in essence, with work by Dr. Kathryn Bayles (see last year's "Developments in Aging") which showed that moderately impaired Alzheimer patients were often unable to name common household objects, but could frequently substitute a word which described the object or name a similar object.

In future studies, Dr. Nebes will attempt to explore semantic memory more fully and to examine the changes produced by normal aging. If such studies can describe how memory is affected, the findings may prove useful as a means of diagnosing Alzheimer's disease or monitoring the progress of the disease.

NEW SURGICAL PROCEDURE ALLOWS DIAGNOSIS OF ALZHEIMER'S DISEASE IN ANIMALS

Last year's "Developments in Aging" highlighted studies by NIA grantee Dr. Dennis Selkoe who isolated the rigid spiral-like protein structures which appear in the brains of Alzheimer victims. Now, with continued Federal support, Dr. Selkoe and his colleagues at the McLean Hospital in Belmont, Mass., have developed what may become a definitive diagnostic test for Alzheimer's disease.

Protein structures in the brain, called paired helical filaments, clump together in large masses to form the neurofibrillary tangles seen in Alzheimer's disease. Over the past two decades, the presence of these tangles in parts of the Alzheimer brain have been linked to the severity of intellectual impairment in the disease and to brain cell death.

In animal experiments, Dr. Selkoe and his colleagues have developed an antibody which can selectively label the paired helical filaments which characterize Alzheimer's disease, and can clearly distinguish these structures from normal brain proteins. Before this pioneering work, studies had consistently suggested that virtually all proteins in Alzheimer tissue were similar to proteins in healthy aged brain tissue.

Because this new procedure entails surgical removal of a small section of the brain, the investigators caution that the current value of their work is somewhat limited. For the present time, their findings provide a powerful tool for studying the basic changes that take place in the brain as Alzheimer's disease progresses. Their findings might also help quickly identify Alzheimer's disease at autopsy. Before this work can proceed in living individuals, however, careful and sensitive attention must be given to the benefits and risks of using brain biopsy for diagnosis.

HOME CARE VISITS TO ELDERLY VIEWED AS A USEFUL ALTERNATIVE TO HOSPITAL VISITS

The traditional thrust of medical care has focused on acute illnesses. This emphasis, due in part to the dramatic onset and defined course of most acute diseases, has dictated clinical and research strategies directed at rapid diagnosis and cure.

As the population of this country grows older, however, the focus is shifting from acute, short-term illnesses to chronic and degenerative diseases. In an effort to explore the new approaches for patient care that this shift requires, Dr. Andrea Sankar, an NIA postdoctoral fellow at the University of Michigan's Institute of Gerontology in Ann Arbor, is examining the potential role of home care visits for patients with severe chronic diseases.

Dr. Sankar's work suggests that home visits can help identify situations in the patient's physical and social environment that may affect the course of the disease or its treatment. This is especially true for patients restricted to their homes by severe illnesses. Home visits can provide information on the patient's diet, drug intake, and family interactions which might not show up during the course of conventional examinations in a hospital or office setting, and may suggest changes in care not previously indicated. Home care visits also can help prevent unnecessary hospital visits.

This study also indicates that the home may play a role in the training of health professionals. During home visits, students have a unique opportunity to observe the complexities of not only chronic disease, but the aging process as well. Just as the hospital ward provides experience in the treatment of patients with acute illness, the home may provide experience in the care of patients with chronic diseases.

NEW INSIGHTS GAINED INTO TASTE MECHANISMS

"Food just doesn't taste as good as it did when I was younger."

This problem, often vocalized by older people, is not just a figment of the imagination or a result of increasing dissatisfaction with life in general. Scientists are finding that by old age most people have lost some of their taste acuity. Even greater losses occur in the capacity to perceive and identify odors. Smelling food is a large part of its enjoyment. Because of these decrements, many older people do not eat enough food to meet their nutritional needs. This, in turn, can lead to poor health.

Declining ability to taste and smell food is a part of normal aging. But for many older people the problem is compounded by disease or use of medications, both of which can adversely affect these senses. Among the diseases that can alter taste, smell, or both, are flu, liver disease, kidney failure, nervous disorders such as Parkinson's disease, endocrine problems such as diabetes and hypothyroidism, high blood pressure, asthma, cancer, and many others. Radiation therapy and drugs such as diuretics, anticoagulants, antihistamines, muscle relaxants, and antibiotics can affect the capacity to taste and smell. Nutritional deficiencies and overuse of vitamin and mineral supplements also can interfere with these senses.

With grant support from the NIA, Dr. Susan S. Schiffman of Duke University in Durham, N.C., is investigating the complex mechanisms by which taste and smell occur, and developing ways to help people who suffer losses.

Taste is transmitted through taste buds located on the tongue, lips, and cheeks, and on organs such as the pharynx, larynx, and esophagus. Each taste bud consists of about 50 cells arranged in a pear-shaped format. These cells have a lifespan of about 10 days and are constantly being replaced by new ones. This renewal process can be affected by nutritional and hormonal states, radiation, drugs, and age. Scientists have generally believed that only receptors on the cell surface were involved in taste perception. However, Dr. Schiffman recently found evidence that sodium transport is directly involved in the perception of taste in both humans and rats. This means that flavor molecules actually enter cells that make up the taste buds.

Dr. Schiffman discovered the role of sodium transport in taste by conducting an experiment in which she placed the diuretic amiloride on the tongues of human volunteers (a harmless procedure) and then tested their ability to perceive a variety of flavors. Amiloride inhibits the transport of sodium ions, which carry taste components into cells. The diuretic did not affect the ability of the volunteers to taste bitter or sour flavors. But it did reduce the intensity of salty and sweet flavors. These results show that taste is perceived through a complex mechanism in which different taste components use different pathways to enter the cells that make up the taste buds. It is even probable that more components are involved in taste than just the four common identified ones—sweet, salty, bitter, and sour. If these various taste elements and their pathways can be mapped, it may be possible eventually to correct or treat the taste losses and malfunctions suffered by older people.

In the meantime, Dr. Schiffman says that people who have taste and smell disorders can do several things to improve the palability of food. First, they can alternate bites of different foods. When several bites of the same food are taken, the flavor is stronger in the first bite than in the following ones. Second, food should be chewed thoroughly. Chewing breaks down food, allowing more molecules to interact with taste buds.

In another approach to the treatment of taste and smell losses, Dr. Schiffman is developing simulated flavor and odor enhancers that can be added to foods to increase their appeal. These additives are made by analyzing the taste and smell components of natural foods and then duplicating them in the laboratory. Additives could also be used to improve the appeal of bland, but nourishing, foods such as soybean products. Textured vegetable protein, for example, could be made to taste like ham or sausage by adding the desired flavor artificially. Dr. Schiffman is interested, too, in developing flavor-enhanced sauces that could be added to cooked meats and vegetables for a tastier meal.

INCOME AND LIVING ARRANGEMENTS RELATED TO DIETARY HABITS OF ELDERLY

Low income is strongly related to poor dietary habits among the Nation's elderly people, but living arrangements also affect their food consumption patterns, according to a recent report by investigators receiving grant support from the NIA.

Dr. Maradee A. Davis of the University of California in San Francisco and her associates at the University of Texas in Austin analyzed the dietary practices of older adults in various types of living arrangements to find out which individuals have the highest risk of consuming low quality diets and might benefit most from nutrition programs and dietary counseling. The scientists used data collected in the first National Health and Nutrition Examination Survey (NHANES I) conducted by the National Center for Health Statistics from 1971 to 1974. That survey obtained information on the nutritional and general health status of people in the United States aged 1 to 74.

Dr. Davis' study focused on information provided during that survey by 3,477 adults between the ages of 65 and 74. Data on their age, sex, economic status, and living arrangement were collected during a home interview. Then the participants visited the examination site where a dietitian asked them to recall everything they had eaten during a previous 24-hour period and how often they had consumed certain foods during the preceding 3 months.

A thorough analysis of the data showed that poverty is strongly related to poor nutrition among the elderly. However, the type of living arrangement also has a significant effort on food intake. The people in this study who had the best dietary habits were those who lived with a spouse. Older people who lived alone, with another relative, or with someone else had less adequate diets than those who lived with a spouse. This finding was particularly true for men. Women who live alone or with someone other than a spouse are better nourished than men in comparable situations, probably because women develop better shopping and cooking skills when they are young.

For men, being poor and living alone constitute a double jeopardy. Individuals in this category have the least adequate diets. Their intake of milk products, fruits, vegetables, meat, poultry, and fish is the lowest of any group. They are also more likely than others to get less than two-thirds of the recommended dietary allowances (RDA's) for protein, calcium, riboflavin, vitamins A and C, and other nutrients.

The study provided information about a variety of dietary practices. Diversity in the choice of foods was low for some people. Ten percent of the elderly people surveyed reported eating five or fewer different foods each day. However, no evidence was found that those who live alone limit their diets to easily prepared foods such as bread, cereal, and beverages (the so-called toast and tea syndrome). Bread accounted for 21 percent, and cereal for 5 percent, of the total foods consumed.

Thirty-five percent of the population surveyed had an average of fewer than one serving of milk and milk products each day; 20 percent ate fewer than one serving of meat and fish; 10 percent had fewer than one item from the fruit and vegetable category; and 7 percent averaged fewer than one serving of bread and cereal.

The two food groups most neglected by people with low incomes are the fruit and vegetable group and the meat, poultry, and fish group.

This is the first reported investigation of the relationship between living arrangements and dietary practices. The information gained should assist health care workers in identifying segments of the elderly population whose nutritional needs are not being met.

NEW LONG-LIVED CELL LINE ENABLES STUDY OF DNA IN HYBRID CELLS

One way to investigate the complex phenomenon of human aging is to study the basic units of life—cells. The billions of cells that make up the human body live varying amounts of time. New ones are reproduced and old ones die in a continuous cycle throughout life. As cells age, they generally lose the ability to reproduce themselves. Scientists assume that the aging process is due in part to the loss of division capacity in cells that normally are required to divide, such as endothelial cells that line blood vessels, liver cells that regenerate the organ following damage, and immune system cells. On the other hand, sometimes old cells undergo changes that cause them to proliferate uncontrollably, resulting in cancer.

Ideally, studies to determine how and why the proliferative nature of old cells changes would be conducted in living people. Because of obvious practical and ethical constraints on such experimentation, scientists instead use cells that are obtained in very small quantities from human blood, blood vessels, skin, liver, and other tissues. These cells are cultured in laboratory dishes where they reproduce, doubling and redoubling their numbers for a limited time, and then "grow old" and die. During the brief lifespan of the culture, scientists can use it to study various aspects of cell aging.

However, there are several drawbacks to the usefulness of these cell cultures in certain types of studies. For example, most cultures are not available to investigators until the cells have completed 10 to 20 "population doublings," and 30 doublings are often required before enough material is available to work with. Since cells are normally capable of achieving only 50 to 60 doublings before they die, it is nearly impossible for scientists to obtain young cloned cell cultures that have special properties they wish to study.

An answer to this problem was found by NIA grantee Dr. James R. Smith of Baylor College of Medicine in Houston, Tex., and his associates. They isolated a long-lived human cell line which will go through 100 or more population doublings, permitting many studies that could not have been done before.

Using the new cell line, the scientists then created a number of hybrid cells by fusing normal cells with others that proliferate uncontrollably. The latter included tumor cells and cells induced by a virus or carcinogen to divide abnormally. They found that the hybrids, which contain DNA (deoxyribonucleic acid, the cell's genetic material) from both the normal and the abnormal parent cells, proliferate normally. This means that the normal DNA, which dictates regulated cell proliferation, is dominant over the abnormal DNA from "immortal" or cancer-type cells. The results indicate that limited division is a process which is programed in the DNA of normal cells. In rare cases, it is possible to change this process so that cell division is abnormal (as in cells derived from tumors), but these changes are defective and can be corrected by introducing normal cell DNA.

Dr. Smith and his research team plan to design future experiments to pinpoint the DNA in normal cells that limits cell division and to determine what controls and regulates that DNA. When those controls are found, scientists may be able to selectively manipulate the division of cells in living individuals. It might be possible to stop abnormal cells, such as those in tumors, from dividing, and to stimulate cell division in areas where it is desirable, such as the denuded patches inside blood vessels where atherosclerotic plaques develop. The formation of those plaques could then be averted.

SPECIFIC DNA CHANGES FOUND IN AGING, BUT NOT IN YOUNG CELLS

Further evidence that genes, the basic units of heredity, play a role in aging has been found by researchers receiving grant support from the NIA. Drs. Samuel Goldstein, Robert Reis, and their associates at the University of Arkansas for Medical Sciences and the Veterans Administration Medical Center in Little Rock found that extrachromosomal circular copies of an unstable sequence in human DNA are amplified in aging cells, but not in young ones.

Genes consist of long segments of DNA molecules. They are arranged in collections called chromosomes within each body cell. When they are not storing an individual's hereditary information, the genes direct the production of substances needed by the body to grow and thrive.

DNA molecules can be arranged in two different ways. They can form unique sequences or highly repeated sequences such as structural and regulatory DNA. Using a model system of cultured human skin cells, Drs. Goldstein, Reis, and their research team explored the stability of the highly repetitive DNA sequences in aging cells. When human cells are grown in laboratory clultures, the "age" in the sense that they reproduce themselves about 50 times and then "senesce," or die. During early passage of these cells (the vigorous reproductive period), they are considered young, and during late passage (as their replicative lifespan declines), they are termed old.

The research team probed the total cellular DNA of several cell strains throughout their reproductive lifespan by using a technique involving a specific cloned sequence of DNA ("Inter-Alu") interspersed among the highly repetitious "Alu" DNA. They found that, as the cells aged, there was progressive amplification of small circles of Inter-Alu-like DNA that exist outside the main DNA complex within chromosomes. The chromosomal copies of this DNA sequence, however, did not change appreciably during the cells' aging process.

The researchers then extended their studies to living individuals. They examined the DNA content of lymphocytes (white blood cells that are vital to the body's defense against disease) from healthy young and old people. The results were similar, but even more dramatic. In cells from people aged 61 to 91, they found that the Inter-Alu-like DNA present outside the chromosomes was amplified in amount. No comparable changes were discovered in lymphocytes from individuals who were 21 to 31 years of age. The fact that the amplification of circular DNA was seen in two different systems, laboratory cultures and cells from living people, indicates that the phenomenon may be a common event in aging cells. Both systems are important models for the study of human aging.

The amplified DNA circles could cause degenerative and malignant changes that accompany aging, or they might be a secondary phenomenon reflecting a general loss of genetic stability during the lifespan. In any event, the scientists believe their findings reveal a remarkable potential for structural change in the human genome, or genetic makeup.

NIA GATHERS DATA ON INCIDENCE AND PREVENTION OF HIP FRACTURES

Approximately 200,000 hip fractures occur each year in the United States and it is estimated that medical treatment for each one costs approximately $10,000. Hip fractures occur primarily in older women. Using data from the National Center for Health Statistics, investigators Drs. Jacob Brody, Mary Farmer, and Lon White of the epidemiology, demography, and biometry (EDB) program of the NIA have examined age, race, and sex as they relate to hip fractures in Americans. Their study suggests that the roles of race and sex are more complex than generally supposed, since age-specific risks appear to be similar among black males, black females, and white males. White females appear to be at approximately twice the risk of the other groups at every age. Rates of hip fracture increase with advancing age in all groups at essentially the same rate. Controlling for age, scientists have found that white males, black males, and black females have comparable rates. Existing studies have shown that black males have greater bone density than either white males or black females, therefore it is reasonable to ask why black men have the same rate of hip fractures. Better measures of bone density would help to answer this question and research is needed to investigate the various biological, social, and environmental factors which influence the risk of hip fracture.

Another analysis of the rate of development of hip fractures shows that rates rise from a baseline rate of about 3 cases per 100,000 white women in 35- to 39-year-olds to 22 fractures at ages 40 to 44. The rates then continue to accelerate smoothly throughout and following the menopause years. Debate continues on the most effective prevention strategy for such fractures, with estrogen administration being the most classic, although potentially hazardous, mode, Recent EDB studies show that intervention should be targeted as much as 15 years earlier than presently begun and that studies should be conducted to determine if improvement of diet, exercise, use of mineral supplements, and perhaps hormone therpy begun in the fourth or fifth decade of life might diminish the risk of a fracture in late life. Postponement of the onset of hip fractures for 5 to 6 years among these women would reduce the overall occurrence by about 50 percent.

STUDY OF HOUSING INVESTIGATES "LIFE-CYCLE LOCK-IN"

In 1982 there were an estimated 15.2 million households in this country headed by people age 65 or older. Many of these elderly, especially the 70 percent who are homeowners, live in housing that may be inappropriate for their current needs and capabilities. A large number also reside in inner-city neighborhoods where they may be frequent targets for crime. But despite reductions in family size, income, or physical health, relatively few older people move to more suitable housing. This phenomenon is known as life-cycle lock-in.

Dr. Sandra J. Newman and James Reschovsky from the Survey Research Center at the University of Michigan's Institute fo Social Research in Ann Arbor, recently completed an NIA-funded study of the possible economic causes and consequences of lock-in. Using previously collected data, they calculated the benefits and costs of moving for samples of elderly and nonelderly households.

Results indicated that, on the average, there can be significant benefits associated with moving for elderly homeowners. The costs of searching for other housing, however, seem to be the primary obstacle to such moves. The study suggests that search costs are higher for the elderly than for younger people, in part beacuse they tend to have poorer access to transportation, and possibly because they are in poorer health. Actual moving costs and costs of selling a home appeared to have little effect.

The study also examined a group of elderly who rent housing. It appears that the majority of these people would not benefit economically from moving. Such individuals often enjoy sizable rent discounts because of long-term tenancy or pay smaller rents because of the low market value of the buildings they occupy. Thus, these renters may be reluctant to move, even if it would mean leaving large, unmanageable homes or unsafe neighborhoods.

The psychological costs of moving away from familiar neighborhoods and homes where families were raised are often identified as a major deterrent to moving. Dr. Newman and Reschovsky found that these costs have only a small negative effect, although they admit that this result may reflect their inability to assess such costs accurately.

The authors conclude that low and moderately priced housing should be provided for the elderly. They also suggest efforts to provide assistance to people who would benefit from moving.

LIVING ALONE DOES NOT LEAD TO ISOLATION FOR MANY OLDER PEOPLE

During the course of a lifetime, a person faces certain changes and events that are stressful. It has been proposed that support from others may act as a "buffer" to protect the individual from the stress of retirement or the death of a loved one, for example. Research has suggested that this social support may help speed recovery after surgery, protect against depression, and even reduce physical symptoms brought on by grief.

At the University of Michigan's Institute for Social Research in Ann Arbor, NIA grantees Drs. Philip E. Converse and Duane Alwin are testing the idea that social support may also contribute to feelings of well-being. To do this, they are investigating the effects of living alone versus living with others. This is an important consideration since the number of elderly living alone has been steadily increasing.

It is often assumed that individuals who live alone are socially isolated. However, initial results based on data from a 1978 national survey indicate that people who live alone actually may have more friends and more contact with those friends. Drs. Converse and Alwin found that widowed men and women living alone are no less likely than those living with others to be in contact with relatives, friends, and neighbors. Rather than isolating individuals, living alone may encourage them to develop and maintain friendships.

The investigators also reported little evidence that living alone adds to problems of adjustment and adaptation. With the exception of individuals who have never married and men who are separated from their wives, people who live alone seem to have positive attitudes about life. Thus support from friends may prevent living alone from being as psychologically harmful as previously thought.

ANALYSIS SHOWS THAT INCREASED PERIOD OF CHRONIC ILLNESS ACCOMPANIES LONGER LIFESPAN

NIA scientists have analyzed morbidity and mortality data from the National Center for Health Statistics and have found that the number of very old people is increasing rapidly, that chronic diseases will probably occupy a larger proportion of the lifespan, and that needs for medical care in later life are likely to increase substantially. This complex issue has immense implications for health care planning. As outlined by Dr. Edward Schneider of the biomedical research and clinical medicine program and Dr. Jacob Brody of the EDB program, NIA, any increase in the numbers of chronically ill older persons or any lengthening of the period of chronic illness will be extremely expensive for our society. Life expectancy has increased dramatically from about 48 years in 1900 to today's figures of approximately 71 for males and 78 for females. While this finding perhaps squares with popular thinking about old age and illness, it challenges the assertions of other more optimistic gerontologists who hypothesize that, although people may be living longer, the onset of serious illness is being pushed back until just before death.

The investigators point out that the mortality rate of persons over age 65 is decreasing faster than that of any other older age group. In addition, interviews with members of older populations during the past decade have revealed no substantial change in the percentage reporting poor health and no decline in morbidity and disability. If the percentage of the elderly who are in poor health remains the same or increases and the number of individuals at advanced ages continues to increase, more people will spend longer proportions of their lives afflicted with chronic diseases.

The only approach that can forestall these consequences of increased life expectancy is for substantial progress to be made in the prevention, treatment, or management of the common chronic diseases of aging.

BASIC INFORMATION ON OLDER ADULTS GATHERED

A resource book containing the first baseline, that is descriptive, data on 10,000 people over age 65 living in their own homes in three communities is in press. These data were gathered as part of an investigation of health, social issues, and aging by the NIA's EDB program and investigators from Harvard University (Boston, Mass.), Yale University (New Haven, Conn.), and the University of Iowa (Iowa City). This working document will include 150 basic charts giving prevalence data on many characteristics and health problems of older people.

For example, data from this major study show that the vast majority of older persons show little decline in their ability to move around and function normally until they reach their eighties. The ability to walk a half mile, climb stairs, and do heavy work around the house without assistance is retained by the majority of people almost throughout life. Even after the eighties most people can continue to carry out these actions without assistance. Reports from the University of Iowa show that for all persons over 65, 79 percent of the men and 71 percent of the women can walk a half mile. Eighty percent of the men and 65 percent of the women interviewed by the Harvard researchers can walk a half mile, as can 83 percent of the men and 68 percent of the women interviewed in the Yale study.

Similar information on hearing and vision, chronic diseases, depression, sleep patterns, and use of alcohol and drugs will help to establish baselines that will allow researchers to compare their own samples to population norms. Details of social functioning, using such measures as contacts with friends and family, presence or absence of a confidant, and religious affiliation, will also be reported. This is the first volume of an anticipated series; later volumes will interpret the information provided.

NIA INVESTIGATORS EVALUATE ECONOMIC STATUS OF ELDERLY

It is commonly believed that the elderly are adversely affected by inflation, a belief based on the assumption that they live on "fixed dollar" incomes. The results of a recently completed NIA-funded study, however, suggest that the economic status of many elderly actually improved during the record inflation of the 1970's. This improvement was due primarily to an increasing reliance by the elderly on Federal programs, such as social security, which are adjusted in response to rising prices.

NIA grantees Dr. George Maddox, from the Center for the Study of Aging and Human Development at Duke University Medical Center, Durham, N.C., and Dr. Robert Clark, from the Department of Economics at North Carolina State University in Raleigh, analyzed data from several existing surveys to determine the effects of inflation on the economic well-being of the elderly. They found four major sources of income for older people: (1) Federal programs (e.g., social security, medicare, and food stamps), (2) wages, (3) accumulated assets (e.g., savings, stocks, and bonds), and (4) employer pensions. During the inflationary period of the 1970's, wages and interest rates rose with prices, Federal benefits were maintained by indexing and legislatively mandated adjustments, and pensions also increased (although not at the same rate as prices). Thus it appears that the nominal or cash income for many elderly increased along with rising prices. Adjusting the cash income for increased leisure time as well as the growth of Federal benefits suggests that real economic gains may have been even higher than nominal gains for the elderly.

Drs. Maddox and Clark also examined the question of whether an increase in nominal or cash income means a corresponding increase in real income or purchasing power. In assessing purchasing power trends, it is difficult to determine the appropriate index necessary to correct for increases in nominal income. The Consumer Price Index (CPI) is primarily used for this purpose, although some economists argue that it underrepresents specific price increases for the elderly (e.g., food, housing, and medical care). The investigators reviewed a number of recent studies that compared the CPI with other indices specially designed to represent elderly consumers. They found only minor differences between the CPI and the other indices, indicating that the CPI is a reasonable guide to measure real income for the elderly. Using the CPI to adjust the cash income of the elderly, the researchers concluded that the real income also increased significantly for older people during the 1970's.

The results of this study have implications for future policy. The elderly are not a homogenous population, and various groups differ in the levels and sources of their incomes. The low-income elderly, who primarily rely on government programs indexed to increase with prices, have been afforded a measure of protection against inflation. Higher income groups, who derive more income from private pensions, probably have become more vulnerable in real income due to inflation.

Another measure of the economic status of a particular population is the incidence of poverty within that population. According to the U.S. Census Bureau, the number of poor people age 65 and older fell from 25.3 percent in 1969 to 14 percent in 1978, a decrease of nearly 45 percent. This compares with a modest drop from 12.1 percent to 11.4 percent for the general population during the same period. Based on this, one might conclude that the relative economic condition of most elderly improved during the 1970's.

The elderly are not a homogenous population, however, and various groups fared much differently. NIA grantee Dr. William J. Serow, from the Florida State University Center for the Study of Population in Tallahassee, examined the composition of the elderly poor between 1969 and 1978. Using published data from the 1980 Current Population Survey by the U.S. Census Bureau, Dr. Serow found that decreases in the numbers of elderly poor were greater for men than for women, greater among members of families than among unrelated individuals, and greater for whites than for blacks. In each case, the group with the greater decrease in poverty was the group that was better off to begin with in 1969.

Race appears to be the factor most related to poverty status for the elderly. Regardless of sex or family status, older nonwhites were not only more likely to be poor, but were also subject to a relative decline in their economic status over the decade. Dr. Serow cites lower paying jobs during prime working years, which result in benefit levels based on lower earnings, as a primary cause for the decreased economic level of the nonwhite elderly.

Current population projections indicate a relative increase in those segments of the older population more likely to be poor. During the 1970's, the number of nonwhite elderly increased at more than twice the rate of white elderly, the number of unrelated individuals increased more than two and a half times the rate of family members, and the growth of older women outpaced that of older men by more than 50 percent.

Serow's conclusions raise some interesting questions about entitlement policies for the future. In genaral, it is the elderly poor, and in particular elderly nonwhites, those living alone, and older women, who are most likely to be totally reliant on social security and/or supplemental security income for retirement income. Proposals aimed at curbing Federal deficits with across-the-board decreases also may have the effect of worsening the lot of the elderly poor and widening the gap that exists between the poor and nonpoor segments of the older population.

INCREASES IN CALCIUM CONCENTRATIONS BOOST LEARNING IN AGED RATS

It is known that a variety of normal functions, critical to the life of brain cells, are controlled by calcium. Typically, calcium concentrations in the cell are maintained at a very low level, increasing only when the cell is stimulated and prepared to release key chemicals (neurotransmitters) to other cells or to other parts of the cell. At this point, it becomes crucial for calcium concentrations to increase temporarily.

Several studies of the aging brain have suggested that calcium activity decreases with aging, possibly compromising cell communications. At the same time, studies of Alzheimer's disease and its possible causes have consistently highlighted a drop in the activity of acetylcholine, one of several neurotransmitters that is partially invluenced by calcium.

At the Burke Rehabilitation Center in White Plains, N.Y., scientists are building upon these earlier findings in their attempt to stimulate calcium concentrations and increase the synthesis and release of acetylcholine. Dr. Gary Gibson ans his colleagues have discovered a close link between the drop in synthesis and release of acetylcholine in healthy aged rats and certain learning and memory problems. Since both synthesis and release of the neurotransmitter are dependent upon calcium concentrations, the investigators injected the rats with a drug which stimulated oxygen metabolism, increased calcium concentrations, and, in turn, improved old rats' performance on certain tests which involved learning.

Previous studies of possible drug treatments for Alzheimer's disease have pursued a variety of approaches. Some investigators have attempted to increase acetylcholine synthesis indiscriminately in all cholinergic cells. Others are trying to prevent the otherwise fast breakdown of acetylcholine once it is synthesized. Still others hope to treat Alzheimer's disease by influencing the target cells' ability to respond to acetylcholine. Finally, a group of investigators are focusing on possible means to increase the ability of the cell to produce acetylcholine only when it is needed. Dr. Gibson and his colleagues have found a means to selectively pinpoint the sites at which neurotransmitter is released and to program its release when the cell is active. The investigators are hopeful that this approach will ultimately benefit Alzheimer patients by allowing treatment with a minimum of side effects.

FORGETFULNESS COMPARED IN YOUNG AND OLD VOLUNTEERS

How often does the average person forget a name or a face or an unimportant detail of some event? For a young or middle-aged person, such an incident might go unnoticed or, at most, become the subject of an ageist joke about early "senility." For an older person, however, the slightest lapse of memory is often taken too seriously, making the person acutely aware of his or her own aging, and sometimes resulting in further memory problems.

In order to detemine how people react to occasional forgetfulness, NIA grantees Drs. Eugene Lovelace and Paul Twohig at the University of Virginia in Charlottesville interviewed a group of approximately 50 individuals ranging in age from 54 to 85 years. The investigators asked the volunteers how frequently they forgot things, what kinds of things they forgot, and what kinds of memory aids (mnemonics) they used to guard against such failures.

Results of this study verified earlier work by other investigators in the field. In general, older people reported a greater tendency than younger people to forget and more frequent problems remembering a word while engaged in conversation or while performing an act. A significant percentage of the people interviewed made lists and wrote notes to themselves or jotted things they needed to remember on a calendar. This was particularly true of the better educated volunteers. Older subjects were less likely than younger subjects to try to remember things by using mind games, such as making up a rhyme or a story.

Dr. Lovelace's study is one of several supported by the NIA which attempts to examine subjects outside the laboratory, presenting them with real-life situations.

For some time, research has shown that older persons have certain problems with memory. Studies like this one can indicate the severity of those problems and how people are affected by them in their daily lives.

INVESTIGATORS EXAMINE AUTOMATIC MEMORY RESPONSE IN HUMANS

During the past several years investigators from a variety of disciplines have been looking at human memory to determine what happens along the route of acquiring, storing, and retrieving information. One interesting area of inquiry suggests that certain kinds of information may become part of a person's memory without any conscious effort. Drs. Denise Park and J. Thomas Puglisi at the University of North Carolina in Charlotte have conducted a series of studies on this automatic information processing system to determine if there is a part of memory that does not fail in old age.

In one such study, the investigators asked two groups of volunteers to view a series of slides. The first group was instructed to remember the projected word or picture as well as its location on the slide; the second group was asked only to remember the word or picture. Regardless of age, the volunteers in both groups were more likely to remember the location of the item after they had been asked to do so.

In a similar test, subjects were shown more than a dozen common objects or cards with the names of objects spread across a table. In this more complex task, however, a conscious effort to remember the location of the item did not improve memory in either young or old, but subjects of all ages found that the objects were easier to remember than the words. This finding suggests that placing items in a certain way could serve as a memory aid for older people.

Older people may or may not automatically record a picture or an object that has some meaning, but such objects may make it easier for them to remember things. According to Drs. Park and Puglisi, this may have implications for those who wish to communicate important information to elderly audiences. In future studies, the investigators will try to determine if they have found a piece of the memory system that is not adversely affected by aging.

COMMONLY PERSONALITY CHARACTERISTICS FOUND AMONG CERTAIN PATIENTS UNDERGOING CORONARY ANGIOGRAPHY

In the United States each year, about one-half million people with a history of chest pain (angina) undergo expensive and sometimes painful surgery called coronary angiography. This involves threading a catheter from an artery in the arm or leg into the heart and taking X-rays of the arteries after injection of a special dye. It is the only way to conclusively diagnose coronary artery disease (CAD) and to determine if coronary artery bypass surgery is necessary. Most patients referred for this test have classical symptoms of CAD, yet recent studies show that 15 to 20 percent of them have undiseased arteries.

In an effort to develop ways to detect which patients are likely not to have CAD and therefore might avoid this surgery, Drs. Paul Costa, Bernard Engel, and other scientists at the NIA's Gerontology Research Center (GRC) in Baltimore, Md., examined the physical and psychological complaints of patients who had angiography. The investigators analyzed diaries kept by 83 men and women with an average age of 56 years who underwent coronary angiography. They also conducted psychological tests and took medical histories.

They found that patients who were free of CAD had more psychological and physical complaints than those with severe disease. They more often reported stabbing pain, dizziness, weakness, or palpitations and more frequently noted feeling angry, annoyed, tense, fearful, or anxious. They generally scored lower on tests of emotional stability and more often experienced chest pain not associated with exertion. Patients with significant disease tended to report more frequent anginal attacks, especially following walking or other exercise.

In the future, Drs. Costa, Engle, and their colleagues will investigate whether or not these findings hold true for patients reporting chest pain for the first time. They will also try to determine at which point in the diagnostic process these evaluations could be useful. The scientists conclude that it may be valuable for physicians to evaluate behavioral and personality characteristics of some patients with chest pain before doing angiography.

STUDIES EXPLAIN WHY LOWER DOSES OF ANESTHETIC DRUGS ARE NEEDED IN THE ELDERLY

It is well established that as people get older they generally require lower doses of anesthetics and other drugs. Doses of anesthetics which are safe and effective for younger persons can produce undesirable and sometimes dangerous side effects for the elderly, such as prolonged hospital recovery, heart attack, kidney failure, or even death. It has not been well understood, however, why smaller doses are required for older persons and often it is not known exactly what doses are the most safe and effective.

In a series of studies under way at the University of California, San Francisco, and Stanford University School of Medicine in Palo Alto, NIA-supported scientists are uncovering some of the reasons for these additional risks and are developing safer procedures for administering anesthetics to the elderly.

Dr. E. I. Eger and his colleagues at the University of California, San Francisco, are evaluating how are affects solubility in blood of all the potent inhaled anesthetics. These investigators compared four groups of subjects including infants, children from 3 to 7 years old, young adults between the ages of 20 and 40, and people over 75.

Young adults displayed the highest anesthetic blood solubility, with reductions in the younger and older populations. In the elderly, solubility was reduced 10 to 15 percent compared to younger adults. Since the lower capacity to dissolve an anesthetic results in an increase in the percentage of saturation of the anesthetic in the blood of the elderly, it makes more of the dissolved anesthetic available to the brain in these patients. Thus at least one of the reasons the elderly require smaller anesthetic doses is that they show a change in the blood solubility of anesthetics.

Dr. D. R. Stanski and his colleagues at Stanford University Medical Center studied how the injected anesthetic thiopental (Pentothal) is distributed through the bloodstream to body tissues in different age groups and how some of these tissues repond to the drug. Thiopental is the drug most commonly used to induce anesthesia in surgical patients, after which inhaled anesthetics are used to maintain the anesthesia.

Blood flow in the elderly geneally is diminished and this reduces the efficiency of transfer of anesthetics from the blood to other tissues. However, despite the reduced transfer efficiency, normal levels of anesthetics are reached in the brain and the heart. Dr. Stanski and his colleagues hypothesize that this is a result of the differential decrease in blood flow with aging. Since circulation is reduced to a considerably greater extent in organs such as the kidney and liver than in the heart and lungs, removal of anesthetic by the kidney and liver is reduced, leaving a greater percentage of anesthetic available for transfer to the brain and heart.

It has long been assumed that older people required lower doses of drugs because the human brain becomes more sensitive to drugs with age. Using electroencephalograms (EEG) and sophisticated computer techniques to relate blood levels of the anesthetic thiopental to induce changes in brain waves, Dr. Stanski and his colleagues were able to estimate the brain's sensitivity to this anesthetic. They found no change in brain sensitivity with aging.

Thus, although the older brain is not intrinsically more sensitive to anesthetics, age-related changes in blood flow increase the effects of thiopental.

Armed with more specific knowledge about how the body handles this substance with increasing age, the investigators are using computer simulations and other techniques to develop more scientifically based guidelines for its administration.

ELDERLY MAY NOT REQUIRE FORCED FLUID INFUSION DURING AORTIC RECONSTRUCTION SURGERY

Kidney malfunction or failure after surgery is more common in the elderly, a group which already has age-related decreases in kidney function. It had been thought that scanty urination during surgery was associated with developing kidney malfunction, and many patients are infused with fluids to produce more uurination during surgery to avoid this perceived problem.

This procedure has its own risks because the resulting increased fluid intake causes the heart to work harder, which could lead to heart attack or heart failure. However, it had always been assumed the procedure was necessary to prevent dangerous kidney malfunction or failure.

At the University of California, San Francisco, NIA grantee Dr. Michael F. Roizen and his colleagues assessed urine output in 137 aged patients during aortic reconstruction (heart) surgery and then compared urine output with kidney function in these patients during 7 days following surgery. They found no correlation between urine flow during the surgery and subsequent kidney function in patients who were treated with fluids or drugs and those who were untreated. The investigators have concluded that the potentially hazardous procedure of infusing the patient with excess fluids or using certain drugs to produce urination during aortic reconstruction surgery is not necessary.

Since the main cause of illness or death following aortic reconstruction surgery is myocardial infarction (heart attack), this study should help reduce the incidence of this dangerous side effect of surgery. These findings also may have additional important implications if similar results are observed with other types of surgery.

NIA STUDIES BRAIN METABOLISM IN DOWN'S PATIENTS

An NIA study suggests that brain glucose utilization is elevated by 30 to 40 percent in young adults with Down's syndrome. This syndrome is the most common form of mental retardation with a known cause. Down's patients older than age 35 frequently show the mental symptoms of Alzheimer's disease.

Dr. Stanley Rapoport, an intramural scientist with the NIA Laboratory of Neurosciences in Bethesda, Md., working with the cooperation and assistance of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases and the Nuclear Medicine Department of the Warren G. Magnuson Clinical Center, NIH, measured brain metabolism in four Down's patients younger than 35 years of age, in one 51-year-old patient, and in health age-matched volunteers. Measurements were performed under resting conditions by means of positron emission tomography (PET), a technique used to study brain function in healthy and diseased people.

PET uses a chemical analog similar in structure to glucose to monitor metabolic activity in different regions of the brain. Glucose, or sugar, is the main source of the brain's energy. A radioactive positron-emitting label on the chemical allows specific areas of the brain to be visualized by computerized image-processing.

The current study measured glucose metabolism in the cerebral hemispheres, the upper portions of the brain which are responsible for thought processes, organized motor behavior, sensation, speech, and hearing.

The results revealed a higher level of glucose metabolism in the brains of the four younger Down's patients (ages 19 to 27) than in healthy subjects of the same age. These results indicate that glucose is used excessively by brains of young adult Down's patients, and that the mental retardation of Down's syndrome may be associated with a metabolic alteration in the brain.

The investigators also looked at a 51-year-old Down's patient and found that glucose utilization was lower than in the younger Down's patients. another study by Dr. Ranjan Duara and colleagues, also of the NIA Laboratory of Neurosciences, shows no age-related decline in brain metabolism in healthy individuals. Taken together, these findings suggest that brain activity declines as Down's patients age. The findings are also consistent with recent evidence that many brains from older Down's patients exhibit the nerve cell degeneration and reduced activity of enzymes that characterize Alzheimer's disease.

Although the NIA scientists are cautious about drawing conclusions from their results, their findings clearly indicate that PET can be employed to examine brain function in Down's syndrome and other diseases.

RESEARCHERS DESIGN TESTS TO REFINE ASSESSMENT OF MENTAL PERFORMANCE

Mental deterioration is one of the most feared problems of old age. Yet studies of "normal" versus pathological deterioration have been few. The NIA's EDB program is working with intramural investigators Drs. Robert Garrison and William Castelli of the National Heart, Lung, and Blood Institute and contract-supported researchers Drs. Edith Kaplan and Philip Wolf at Boston University to analyze data previously collected on over 2,000 persons in the Framingham Heart Study and to allow continued study of selected groups using neuropsychological tests and neurological examinations. Such tests measure specific mental capacities that may serve as predictors of dementia. Because highest scores on the tests are usually related to high educational levels, this aspect has been controlled, allowing the investigators to isolate changes in performance directly associated with age. By controlling for this factor such tests will generate fewer false-positives and thus more confidence may be placed on the assessment of dementia in specific populations.

Performance on every test decreased modestly with advancing age. Although English as a mother tongue is often considered very important in the results of such tests, it was found to be less important than either age or education. This study will eventually establish predictive indicators for dementia in an aging population, as well as relate dementia to overall health, sleep, dietary patterns, and cardiovascular and cerebrovascular disease.

SKELETAL MUSCLES OF OLD RATS ADAPT TO EXERCISE

The ability to exercise strenously decreases with aging as a result of waning cardiovascular strength, deconditioning, disease, and other factors. But scientists are finding evidence that the basic capacity to engage in mild to moderate exercise continues well into the later years.

In a recent study of exercising rats, NIA grantee Dr. John Holloszy and his research group at the Washington University School of Medicine in St. Louis found that the respiratory capacity of skeletal muscles does not decline progressively with aging when exercise is performed throughout life. This capacity plays an important role in determining an animal's ability to engage in endurance exercise.

Dr. Holloszy's study compared the levels of mitochondrial enzymes present in the foreleg muscles of young and old rats following a swimming program in which the animals exercised for 3 hours each day, 5 days a week, beginning at 6 months of age. The enzymes are indicators of respiratory capacity, with higher levels linked to increased ability to perform. The scientists found that, following the exercise program, the enzymes increased to about the same levels in the muscles of 9- and 24-month-old rats. Thus, if a lifelong exercise program has been adhered to, aging does not appear to adversely affect the muscles' respiratory capacity.

REPORTS OF BOWEL PROBLEMS INCREASE IN WOMEN WITH AGE

Intramural scientists Drs. Lon White and Jacob Brody of the NIA's EDB program have analyzed information on bowel function obtained from 12,120 NHANES-I (first National Health and Nutrition Examination Survey) participants aged 30 to 72. Although concern about bowel function, constipation in particular, increased with advancing age, there was no clear trend toward a diminished frequency of defecation. A sex difference was observed, with women reporting a lesser frequency of bowel movements than men at all ages.

Reported use of pills and medicines also increased with advancing age and was greater for females than males. The use of pills or medicines for bowel problems was associated with the complaint of constipation but did not appear to be affected by marital status, physical activity, race, or education. Among women describing themselves as troubled by constipation, the age-specific prevalence of "regular" medication use increased from 12 percent at ages 35 to 44 to 26 percent as ages 65 to 74. Since excessive laxative use does occasionally precipitate or directly cause serious intestinal, renal, cardiac, and neurologic illness, this study suggests that a substantial number of older women might benefit from counseling directed at more appropriate use of such medications.

SEXUALITY OF OLDER WOMEN INVESTIGATED

New evidence has emerged indicating that sexual pleasure among older women is not compromised over time. Similarly, menopause does not appear to alter significantly the sexual habits of aging women.

While myths prevail, not much is known about the sexuality of older females. It has been suggested that certain physiological changes that may occur during and after menopause—hot flashes, a decrease in vaginal lubrication, and a decrease in vaginal flexibility—can contribute to a decline in sexual satisfaction in older women.

Preliminary investigations conducted by Dr. Frances Purifoy at the NIA's GRC in Baltimore, Md., are providing evidence to the contrary. Dr. Purifoy interviewed 144 women of varying ages, all participants in the Institute's Baltimore Longitudinal Study of Aging (BLSA). The subjects were divided into three groups, older women aged 60 to 79 years, middle-aged women of 40 to 59 years, and younger women aged 20 to 39 years.

Dr. Purifoy found that the majority of elderly women did report some decrease in sexual desire, degree of arousal, and frequency of or capacity for orgasm. In addition, 71 percent of the oldest group reported a decrease in vaginal lubrication, compared to 55 percent of the middle-aged and 13 percent of the younger women.

Despite these changes among the oldest females, almost three-fourths said they noticed little or no difference in sexual satisfaction over time. And, surprisingly, 82 percent reported that menopause had produced either a negligible effect or, in some instances, a positive effect on their sexuality. About one-fourth of the latter cited a decreased concern over menstruation or birth control as the reason behind this favorable change.

In summary, though most of the older BLSA women underwent some physical changes apparently related to menopause, their degreee of sexual satisfaction did not drop off in most cases. Age also did not appear to have a marked effect upon their quality of sexual pleasure, according to the participants.

While these early findings are encouraging, birth-cohort differences may have influenced how these data were relayed to the investigator. For example, different generational expectations and attitudes about sexual habits may influence how the women report their experiences during an interview. These important considerations are under further study at the GRC.

NIA SCIENTISTS STUDY EFFECT OF AGE ON HEARTBEAT RATE

Normally, during coughing, physical exercise, and other types of body stress, the heart automatically begins to beat faster. This cardiac acceleration is an important part of the body's adaptation to stress. Previous studies comparing young and old men showed that cardiac acceleration during stress declined with aging. They did not demonstrate whether these declines were abrupt and therefore likely to be associated with disease or were gradual with aging. It was also not known whether women experienced the same declines.

At the NIA's GRC in Baltimore, Md., Dr. Jeanne Y. Wei, in collaboration with scientists at Beth Israel Hospital, Harvard Medical School, and the Veterans Administration Outpatient Clinic in Boston, studied age-related changes in heart acceleration in 220 healthy, active, community-living men and women ranging from 20 to 90 years of age. Their purpose was to establish a range of normal responses for men and women in different age groups. They measured response to cough, which is considered a good indicator of the heart's capacity to accelerate.

The subjects, mostly volunteers in the Baltimore Longitudinal Study of Aging, had passed thorough medical examinations to eliminate heart and other diseases. After resting for 15 minutes, they were instructed to cough forcefully three times, with a rest of about 3 seconds between each cough. After the third cough, the heart rate rose rapidly and consistently in every subject, a normal reaction to mild stress. Heartbeat rates were monitored and correlated with age for all subjects.

Dr. Wei and her colleagues found a continuous decline with aging in the peak heart rate. Heart rate increased about 29 beats per minute for those in their twenties. It was about 17 beats for volunteers in their fifties, and about 7.6 for those 80 years of age and over. The elderly also took longer to reach peak response but there was very little change in rate of return to normal resting heartbeat rate. There was also a decreased variation in resting heartbeat rate with advancing age. No differences in responses were observed between men and women in each decade.

Resting heart rates before coughing ranged from 44 to 96 beats per minute and did not differ significantly with age. Thus, the differences in heart rate increase were not due to lower resting heart rates, but were actually related to aging. There were also no significant changes in resting heart rate between sessions in any subject.

The scientists also found an age-related increase in systolic blood pressure (the force of the heartbeat pushing blood into the vessels) but no significant change in diastolic level (the pressure when the heart is at rest between beats). At each decade of life, men tended to have slightly higher systolic and diastolic pressures than women. Systolic levels were significantly higher in men in the fifth and ninth decades, whereas diastolic levels were higher in the fourth decade only. However, for all ages, there was no significant correlation between blood pressure and peak heart rate.

This study establishes ranges of normal heart rate responses to stress for men and women across the age range. It also shows that the heart's response to stress can be measured by a very simple test.

Dr. Wei and her colleagues postulate that the decreased variation in resting heart rates with advancing age and the decreased ability to raise heart rate may share a similar mechanism. Further studies may yield clues to the cause of these changes with aging and help discover why many elderly people suffer decreased heart function and such problems as dizziness and fainting upon rising.

STUDIES IN FRUIT FLIES PROBE GENETIC CONTROL OF AGING PROCESSES

The theory that heredity strongly influences longevity is widely accepted among scientists. However, there are many unanswered questions about how genes exert their influence on lifespan. For example, how many genes determine longevity? Is lifespan controlled by a few major ones or by a larger number of less important ones? Are these genes located on particular chromosomes? Can the genes that control longevity be pinpointed?

One way to approach these questions is to study the lifespans of lower organisms living under controlled conditions in laboratory settings. Fruit flies are ideal for such investigations because they have a short lifespan, permitting the study of many generations.

With grant support from the NIA, Dr. Leo S. Luckinbill at Wayne State University in Detroit is making progress in determining how genes control lifespan in these insects. Dr. Luckinbill has succeeded in producing strains of the fruit fly that have a greatly enhanced lifespan. This has been accomplished by reproducing populations at an advanced age in life, favoring long-lived individuals and their progeny. By contrast, other fly strains, reproduced early in life, show normal life expectancy. This research shows that the selective breeding of fruit flies in old age postpones senescence and death.

Dr. Luckinbill also found that when long- and short-lived strains are crossed, they produce offspring with an intermediate longevity. This finding demonstrates that lifespan is under genetic control.

The fruit fly strains that have been developed during the course of this study will serve as valuable new tools for research on the ways in which genes determine longevity. Future experiments will also try to identify the biochemical and physiological differences between short- and long-lived strains and to determine how specific genes are responsible for the variations.

NATIONAL CANCER INSTITUTE

The National Cancer Institute (NCI) funds many areas of research concerned with cancer and aging. These include epidemiologic studies that help to assess the age-specific occurrences of some cancers; basic biological studies that seek to define the cancer process in individuals of all ages; and studies that address the particular problems of the older cancer patient—including prevention, detection, treatment, and support systems.

CANCER INCREASES WITH AGE—WHY?

Do aging and cancer necessarily go hand-in-hand, or do both result from similar processes? Do the body's natural defenses against cancer relax with age? These are among the questions being explored at many levels of research.

Many cancer occur more frequently with advanced age; the incidence of prostate cancer, for example, rises sharply for men after age 40. But some epidemiologic studies are now looking at possible causes other than age. NCI grantee Dr. Brain E. Henderson and associates at the University of Southern California Cancer Center, in Los Angeles, looked at a number of factors—besides age—that might help to account for the development of this cancer. They were able to rule out industrial exposure to cadmium—a chief suspect—among the men they studied. They also cast doubt on sexual transmission of an infectious agent by looking at a group of Catholic priests who, they found, had no lack of this disease. The researchers are still examining a third hypothesis concerning endocrine function. So far, they have found suggestive evidence that vasectomy, which is accompanied by reduced prostatic function and size, may protect against the development of prostate cancer.

In Honolulu, NCI grantee Dr. Laurence N. Kolonel and associates at the University of Hawaii are prospectively following two groups—one of 50,000 and the other of 5,000—on whom they have collected extensive dietary information. They have found a positive correlation between dietary fat intake and prostate cancer in men over 69, lending further support to the hypotheses that age per se is not necessarily the cause of this cancer. They have also found a positive correlation between breast cancer risk and dietary fat and animal protein in postmenopausal women, particularly Japanese women, suggesting again that age per se does not cause cancer, and that protective mechanisms may be found.

A similar epidemiologic study suggesting that a "western" diet high in cholesterol may increase breast cancer risk in postmenopausal women was performed by NCI grantee Dr. Brain MacMahon, of the Harvard School of Public Health in Boston, who studied women from rural areas of Greece.

Heightened interest in aging has also led cancer researchers to reexamine carcinogenesis mechanisms in animals of different ages. Associates of NCI grantee Dr. Anthony E. Pegg of Pennsylvania State University at Hershey Medical Center studied how a nitrosamine that produces intestinal tumors affects different tissues of young and old rats. They found that the livers of old rats were more efficient than those of young rats at repairing some damage to DNA structures, though old rats sustained more damage to some other DNA structures. They are now looking further at this nonuniform pattern of DNA damage in rats of different ages.

Ways to improve the outcome and the quality of life of cancer patients, particularly older patients, are always being sought by NCI investigators. Particularly encouraging results were found in a study performed by NCI grantee Dr. Harvey T. Cohen and associates of the Southeastern Cancer Study group at Duke University in Durham, N.C.

They looked at 280 patients with multiple myeloma, a cancer with increased incidence in the elderly, to assess how age affects treatment. All were being treated with a combination of drugs, and patients at high and low risk were represented equally among all the age groups.

The investigators found that response rates after 6 months were equally good for all ages, and those patients over age 70 stayed in remission somewhat longer than the others. Survival was also equivalent for these older patients.

When the different-aged patients were matched for prognostic factors, the older patients in the study responded "at least as well" as the younger patients, the investigators found. Moreover, there were no significant differences in toxicity among the different age groups.

"These findings are in contrast to the widely held belief that older patients cannot tolerate chemotherapy," Dr. Cohen said. They suggest, on the contrary, "that the elderly patient with myeloma may be expected to respond and survive, without excessive toxicity, at least as well as a younger counterpart with similar prognostic factors."

An added advantage of a study such as this is that it may impel researchers who deal with other forms of cancer to reexamine their expectations and practices regarding older patients and may result in more aggressive—and successful—therapy for many older patients with other cancers.

NATIONAL CENTER FOR HEALTH STATISTICS

As one of the principal Federal statistical agencies, the National Center for Health Statistics operates a diverse program of data collection and analysis activities. Data on the health characteristics of the older population are available from almost all of the Center's data systems. The following special activities were begun in 1983 and will be continuing through 1984.

1986 National Mortality Followback Survey

During 1983, planning was initiated and will continue in 1984 for a national mortality followback survey to be conducted by the National Center for Health Statistics in 1986, the first such survey in 18 years. The followback survey broadens the information available on the characteristics of mortality among the population of the United States from the routine vital statistics system by making inquiry of the next of kin of a sample of decedents. In view of the fact that two-thirds of all deaths in the Nation in a year occur at age 65 or older, tentative plans for the 1986 survey provide for the study of health and social care provided to older decedents in the last year of life. This is a period of great concern for the individual, the family and community agencies, and a period of large expenditures. Agency program planning and national policy development on such questions as hospice care and home care can be enlightened by the data to be secured by the mortality followback survey. Tentative plans also call for an inquiry aimed at providing information on the potential for greater efforts to prevent premature death.

1985 National Nursing Home Survey

During 1983, planning began for the 1985 national nursing home survey (NNHS), for which a major pretest will be conducted during 1984. The NNHS was first conducted in 1973-74 and then conducted again in 1977 in order to provide comprehensive national data on a continuing basis to meet the needs of those who set standards for, plan, provide, and assess long-term care services. The NNHS is a series of nationwide sample surveys of nursing homes, their residents, and staff. The purpose of the surveys are to:

—Collect national baseline data on characteristics of the nursing home, its services, residents, and staff for all nursing homes in the Nation, regardless of whether or not they participate in Federal programs such as medicare or medicaid.

—Collect data on the costs incurred by the facility for providing care by the major expenditure groupings—labor, fixed, operating, and miscellaneous costs.

—Collect data on certification for participation in the medicare and medicaid programs (such as the utilization of certified beds and the the health of residents receiving program benefits) so that all data can be analyzed by certification status.

—Provide compatable data for valid trend analyses on a variety of topics (for example, the impact of legislative changes in standards and in reimbursement on the growth of facilities and the impact of institutionalization on the health of the aged); and

—Interrelate facility, staff, and resident data to reveal the relationships that exist between, utilization, services offered, charges for care, and the cost of providing care.

For the initial survey conducted in 1973–74, the universe included only those nursing homes that provided some level of nursing care, regardless of whether or not they were participating in the medicare or medicaid programs. Thus, homes providing only personal domiciliary care were excluded. Beginning with the 1977 survey, the universe was expanded to include all nursing, personal care, and domiciliary care homes, regardless of their participation in medicare or medicaid. Homes that provide room and board only are excluded.

At the time of the 1977 survey, as sample of discharges was added to the survey to permit comparison of residents of nursing homes and persons discharged from a nursing home in the year prior to the survey. Pretesting for the 1985 survey incudes addition of a sample of admissions to nursing homes in year prior to the survey in order to describe better the patterns of admission and discharge, and also a brief psychological assessment of a sample of current residents.

1984 National Health Interview Survey Supplement on Aging

The national health interview survey will field a supplement on the elderly population of the United States in 1984. During fiscal year 1983, the supplement was developed and pretested. Field work will begin in January 1984 and conclude in January 1985. This supplement will focus on a wide range of health information about the elderly population. A sociodemographic health profile of the handicapped by type of impariment will be a major component of the survey. This supplement will also permit the analysis of acute and chronic conditions unique to the elderly population. Followup of residents to the 1984 supplement on aging is also planned.

There has been increasing interest on the part of clinical and research gerontologists in the use of functional assessment in the care of the elderly. For example, the NIH technology assessment conference on evaluating the elderly patient showed that comprehensive assessments of functional status can be used clinically to increase appropriateness of long-term care placement, to plan and evaluate treatment, and to monitor charge over time. Using data from longitudinal studies, preceived health status has been demonstrated to be a good predictor of mortality. However, there is little data on the ability of functional scales to predict future institutionalization.

The investigation of the relationship between these functional scales and future institutionalization that can be made from a longitudinal study of the respondents to the "supplement on aging" will provide the information necessary to develop interventions which will decrease the probability of institutionalization of postpone the time at which it occurs.

The 1984 NHIS "supplement of aging" will provide unique baseline data which can be used to investigate the impact of current functional and health status on future institutionalization. This data base is especially suitable as a baseline for followup because it is derived from a national probability sample and because the supplement was designed to provide a multidimensional assessment of functional status. In additional to the well-known measures of activities of daily living, the functional status questions can identify less severe levels of dysfunction along any of the dimensions. This is particulary important for classifying functional status among the noninstitutionalized population and is essential for the assessment of the causes of institutionalization, as well as the development of intervention strategies.

NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

The National Center for Health Services Research (NCHSR) seeks to create new knowledge and better understanding of the processes by which health care services are made available and how they may be provided more efficiently, more effectively, and at a lower cost. NCHSR investigates problems of the aging by meeting with State and local policymakers through its User Liaison Program, conducting research in the Division of Intramural Research, and funding investigator-initiated research through the Division of Extramural Research.

DIVISION OF INTRAMURAL RESEARCH

A survey is underway to provide information for assessing consumer interest in purchasing insurance for long-term care. The information will serve as input to the development of marketing strategies for such insurance. The survey is a self-administered questionnaire being conducted as an add-on to the main consumer survey of some 1,500 elderly owners of private insurance policies being conducted by HCFA.

A study to test the effectiveness of an incentive payment system designed to encourage more appropriate use of nursing homes, better outcomes in nursing home patients, and reductions of hospital backups. Nursing homes will be paid bonuses for admission of "heavy care" patients, and for meeting patient care goals including discharge. The activity is jointly funded by the State of California and a HCFA waiver.

A national long-term care survey is underway to examine patterns of multiple dependency and their resource implications, and to project the need for home health care and other community services and personnel.

DIVISION OF EXTRAMURAL RESEARCH

Projects that received funding in fiscal year 1983 include:

—The sponsorship of the preparation of papers on iatrogenic disease in the elderly and geriatric medicine for presentation at the annual Geriatrics Society meeting. Papers presented at this conference will address both the incidence and implications of iatrogenic disease in the elderly, as well as discuss strategies for the investigation of this complex problem.

—An investigation of the impact of qualitative aspects of peer and family relationships as a mediator of psychological and physical well being and of health care system utilization for elderly people who are capable of independent living.

—Funds to Johns Hopkins University to perform a secondary analysis of an earlier study of the elderly. These findings contribute new empirical evidence on the degree to which transportation barriers or physical infirmities impact on doctor visits.

—Research to isolate, analyze, and compare specific factors related to caregiver strain in providing for care at home for both mentally and/or physically impaired elderly. Forty pairs of disabled elders and their adult caregivers are to be recruited to create two discrete groups of 20 with the following characteristics: A group with moderate to severe cognitive impairment but relative independence in self-care and activities of daily living, and a group with severe functional impairments but absence of cognitive impairment.

—A project to demonstrate that there are positive and congruent relationships between self-perceived health measures and clinically assessed health measures for poor, elderly blacks. This will be done by analyses of baseline data collected on the health of poor, elderly blacks living in two contiguous census tracts in Newark, N.J.

Projects ongoing in fiscal year 1983 with previous years' funding:

—An inventory of State policies relative to Federal long-term care programs; an assessment of the effect of these policies on the availability, utilization, and public cost of long-term care services; and development of a context within which State and Federal policy choices concerning long-term care will be examined.

—A study at approximately 35 nursing homes in the Baltimore-Washington area to demonstrate the improvement of drug use and its effect on certain patient outcomes and variables through drug use review feedback mechanisms, and educational programs designed for physicians, nurses, and patients.

—The evaluation of the practice, outcome, costs, and benefits of the employment of pharmacists to prescribe and monitor patient drug therapy in skilled nursing facilities (SNF's).

—The evaluation of the impact of a newly developed physician-nurse practitioner/social worker team approach for chronic or terminally ill patients who wish to receive home care rather than institutional care.

—The assessment of the results of a longitudinal panel study of health care and social service needs of noninstitutionalized elders in Massachusetts.

STATE AND LOCAL USERS LIAISON ACTIVITIES

Two meetings were held with State and local government officials to identify further policy issues, operational problems, and related information needs of State and local government. Research issues in long-term care were identified and research strategies proposed. Issues within the category of long-term care included nursing home programs and alternatives to institutional care; home health and hospice care programs; and the problems of caring for the mentally ill and mentally retarded.

Ongoing consultation to State and local officials with respect to information and data needs on aging for policy and managerial decisionmaking.

NATIONAL EYE INSTITUTE

Eye diseases associated with aging are a major cause of blindness in the United States. The three most common age-related disorders—aging-related maculopathy, senile cataract, and glaucoma—are responsible for at least a third of all blindness in this country. In addition, medical expenses connected with these age-related disorders constitute a major portion of the $14 billion that Americans spend annually for eye care. For example, each year age-related eye disorders necessitate about 7 million visits to doctors offices and half a million eye operations.

The National Eye Institute (NEI) supports research aimed at improving the diagnosis, treatment, and prevention of age-related eye diseases, thus reducing the toll of visual loss from these disorders.

A major research advance in the recent past has been the discovery that appropriately timed argon laser treatment can prevent many cases of visual loss from aging-related maculopathy. This eye disease, which is also known as senile macular degeneration, selectively destroys the portion of the retina (the light-sensing tissue at the back of the eye) that provides the central vision used in reading and driving.

In May of 1982, a nationwide clinical trial[1] sponsored by the NEI yielded the finding that the risk of blindness from the most sight-threatening form of aging-related maculopathy could be reduced by 89 percent through treatment with the argon laser. Now the investigators and clinics participating in this study are evaluating a newer laser—the krypton laser—to determine whether it can benefit some patients whose disease could not be safely treated with the argon laser.

In addition to these studies involving the laser treatment of aging-related maculopathy, the NEI is conducting or supporting a number of investigations to learn more about the factors responsible for its development and discover a means of preventing it. A particularly important research project begun this year is a clinical trial to determine whether protecting the retina from possible damaging effects of light can slow or halt the progression of the disease. In this trial, now being conducted by Drs. Muriel Kaiser-Kupfer and Monique Roy of the NEI Clinical Branch, patients with aging-related maculopathy that is not yet treatable by laser will wear special glasses and take medications called antioxidants that counteract some of the potentially harmful effects of light on retinal cells. If these measures prove effective, they may allow older people to take measures that will reduce their risk of visual loss from aging-related maculopathy.

The NEI also supports a wide range of studies on other age-related diseases of the eye. In its cataract research program, the NEI supports studies to improve the treatment of cataract and obtain a better understanding of the causes of this disorder in the hope of developing a means to prevent aging-related cataracts altogether or at least slow their progression. The NEI research program on glaucoma, another age-related eye disorder, seeks to improve the diagnosis, treatment, and prevention of the various forms of this disease, which together are a major cause of blindness in the United States.

Thus aging-related diseases of the eye receive strong emphasis in the NEI's research program, and NEI-supported studies of these diseases are helping to reduce the social economic burden imposed by these disorders.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The prevention and treatment of cardiovascular diseases among the aged present unique problems not only about how to treat, but also whether to treat.

Hypertension, or high blood pressure, is associated with increased risk of heart attacks and strokes. Hypertension is more prevalent among the elderly, a significant number of whom have a unique form of hypertension in which only the systolic pressure is elevated. The systolic blood pressure is shown by the top number of the two that are used to report blood pressure. This condition, called isolated systolic hypertension, is defined as a systolic reading (top of the two numbers) of 160 mm of mercury or more and a diastolic reading (bottom of the two numbers) of 90 mm or less. Isolated systolic hypertension is uncommon in individuals under 50 years of age.

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[1] The research centers participating in this grant-supported project are located in Baltimore, Md.; Chicago, Ill.; Cleveland, Ohio; Detroit, Mich.; Iowa City, Iowa; Madison and Milwaukee, Wis.; Miami, Fla.; New Orleans, La.; Oklahoma City, Okla.; Portland, Oreg.; and St. Louis, Mo. The study chairman is Dr. Stuart Fine of Johns Hopkins University in Baltimore.

Isolated systolic hypertension is thought to be the result of changes in the large arteries in the body brought about by arteriosclerosis (hardening of the arteries) in which the elastic fibers of these blood vessels are replaced by less flexible tissue. A number of studies confirmed that elevated systolic blood pressure is a risk factor in itself, similar to the more accepted risk of elevated diastolic blood pressure. Standard antihypertensive drugs are effective in lowering systolic blood pressure, but the risks and possible benefits of treating isolated systolic hypertension in the elderly are uncertain.

To study the risks and benefits of treating this condition in the elderly, the National Heart, Lung, and Blood Institute (NHLBI), in conjunction with the NIA and the National Institute of Mental Health, conducted a 4-year pilot study, the systolic hypertension in the elderly program (SHEP). Five clinical centers were involved, along with a coordinating center and a behavioral evaluation laboratory. Each of the clinical centers recruited a minimum of 100 patients for participation. Preliminary results of the pilot study indicated that patient compliance with the double-blind drug treatment was successful, and reductions in systolic hypertension were achievable. Based on the results from the pilot study, the NHLBI advisory council has approved a full-scale clinical trial, now in the planning stages, to test whether treating isolated systolic hypertension will reduce the incidence of fatal and nonfatal stroke.

One of the general phenomena of the aging process is a general decline in cardiovascular performance, including a slowing of the heart rate and a decrease in cardiac output. Dr. Douglas Schocken and his colleagues in the Department of Medicine, Cardiology Division and Radiology-Nuclear Medicine Division of the Duke University Medical Center, Durham, N.C., tested the hypothesis that physical conditioning in the elderly can improve cardiac output. The researchers recruited subjects 65 years old or older who were without indications of ischemic heart disease or other cardiovasular conditions.

The 27 participants underwent an initial radionuclide angiocardiogram to establish baseline cardiac function. These subjects participated as a group in three exercise sessions every week for 12 consecutive weeks. Exercises, including initial "warm-up" and concluding "cool-down" portions, were conducted on bicycle ergometers. A total of 24 subjects completed the program, attending 90 percent or more of the exercise periods.

Results of the study showed that physical conditioning, as measured by comparing initial ergometer workload with that at the conclusion of the exercise program, had been achieved. A repeat angiogram, however, showed that the decreased cardiac output persisted in the volunteers. Resting heart rate before the exercise program (70 beats per minute) remained unchanged (72 beats per minute after the program), as did the blood pressure (134/74 before and 138/77 after the program). The investigators concluded that although older persons can attain physical conditioning, the age-associated deterioration in cardiac performance does not improve; thus, the deterioration is not associated with physical deconditioning in the elderly.

Syncope, or fainting, remains a prevalent and potentially dangerous phenomenon among the elderly, which in many cases defies explanation. With NHLBI funding, Dr. Lewis Lipsitz and other investigators from the Hebrew Rehabilitation Center for the Aged, Brigham and Women's Hospital, and Beth Israel Hospital; the Charles A. Dana Research Institute and Harvard-Thorndike Laboratory of Beth Israel Hospital and Harvard Medical School; and the Geriatric Research Education Clinical Center and the Veterans Administration Outpatient Clinic, in Boston, studied the presence of lowered blood pressure in the elderly after eating.

The study groups consisted of 30 elderly patients who experienced syncope, 21 elderly who had no history of syncope, and 24 young healthy volunteers. Pulse and blood pressure were measured before meals and then at intervals for up to 60 minutes after eating. The elderly persons who had experienced syncope showed a decline of 15 mm of mercury in systolic pressure and 11 mm in diastolic pressure by 35 minutes after meals. This change was found in both groups of elderly patients, those who had experienced syncope and those who had not. The young healthy volunteers showed an insignificant increase of 1 mm of mercury in systolic pressure. Blood pressure measured at the same time and with the same interval in elderly persons who were not given a meal showed no change.

The results of the study, the investigators say, indicate that many older people experience a significant decline in systolic blood pressure after meals, a phenomenon that is not observed in young persons or in elderly persons who have not eaten. Further research in the decline in blood pressure in the elderly following meals should concentrate on whether this phenomenon is associated with syncope among this group.

Other age-related phenomena are associated with control of breathing and its effects on oxygenation of the body. The changes that occur with increasing age may be important in explaining respiratory failure in the elderly person. To examine the changes that occur in the respiratory system of the aged, and to pinpoint the factors responsible for the decreased response to lack of oxygen or excess carbon dioxide, researchers from the Cardiovascular-Pulmonary Division of the University of Pennsylvania, Philadelphia, compared a group of elderly persons with a group of younger ones. The ten elderly subjects were aged 65 to 79, were not obese, had no history of cardiopulmonary, cerebrovascular, or other chronic disease, had never smoked, and had maintained a degree of physical activity throughout their lives, though they had not engaged in any regular athletic training, including jogging. A group of young individuals, 22 to 29 years of age, served as a control group and also were required to meet the same criteria as did the elderly.

All of the participants were given lung function tests and chest X-rays prior to the beginning of the study. On the day of the test they were asked to refrain from drinking any beverage containing caffeine or from taking aspirin. The test was designed to increase levels of carbon dioxide and decrease levels of oxygen over a period of time, by the use of a device to allow rebreathing of used air. Devices were used to measure the patient's response to these changes in oxygen and carbon dioxide.

Results of the study showed that the elderly did indeed show a significantly decreased response to these changes when compared to the younger control group. Response among the elderly group was only 50 percent of the level of response of the control subjects. The investigators were unable to establish a single factor that explained the response, but reported that any number of factors might have been responsible. The receptors that normally detect elevated levels of carbon dioxide or lowered levels of oxygen might be less responsive in elderly persons. Mechanical properties such as strength of the respiratory muscles or the mechanical properties of the respiratory system may also have contributed. It was the investigators' opinion that diminished neural stimulation to the respiratory muscles most likely contributed to the decreased responses, but whether the fault lies in a lowered ability to detect elevated carbon dioxide or decreased oxygen or whether, if the ability to detect them remains intact, the fault may be in the processing of this information within the central nervous system is not known. The decreased response of the respiratory system in the elderly may have important implications for the occasions when the elderly patient is stressed by illness.

NATIONAL INSTITUTE OF ARTHRITIS, DIABETES, AND DIGESTIVE AND KIDNEY DISEASES

The National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases (NIADDK) conducts and supports many basic studies that examine metabolic processes through all developmental stages of life, including aging. Examples include studies of liver changes in rats as the animals develop and age; studies of insulin resistance in rats as they become older and more obese; studies of age-related changes in androgen (male sex hormone) metabolism in adult and elderly men with benign prostatic hypersplasia (BPH).

Two NIADDK grantees at the Salk Institute in La Jolla, Calif., Drs. Roger Guillemin and Wylie Vale, reported independently that they had isolated and then synthesized a molecule that acts to release growth hormone from the pituitary gland. This peptide chain, named GRF for growth hormone releasing factor, may be able to stimulate release of growth hormone to reverse thinning bones caused by osteoporosis and to treat tissue-wasting conditions that occur in old age.

Other recent advances related to aging have come in two major diseases, osteoarthritis, or degenerative joint disease, and osteoporosis.

In osteoarthritis there is breakdown of cartilage that cushions the joints, followed by bone overgrowth at joint margins. Several investigators are studying normal and degenerative cartilage to establish the cause(s) of osteoarthritis. Using a guinea pig model with surgically induced osteoarthritis, Dr. Edith Schwartz and colleagues at Tufts University, Boston, Mass., have shown an enhanced synthesis of collagen, a protein substance of cartilage. However, neither the structure nor the relative composition of the major and minor collagen components was altered. The accuracy of these results as compared to previous studies was enhanced by in vivo labeling with radioactive precursors. One major defect appeared to be associated with factors that contribute to the proper aggregate formation and integration of proteoglycans in to the cartilage matrix.

Studies at the Massachusetts General Hospital in Boston performed by Dr. Henry J. Mankin indicate that not only is there a quantitative variation in osteoarthritic chondrocyte (cartilage cell) sulfate metabolism as compared with normal individuals, but there is likely to be some qualitative variation in the way the sulfate is utilized and more particularly the size of the proteoglycans being synthesized in this disease.

Dr. Van C. Mow at Rensselaer Polytechnic Institute, Troy, N.Y., is performing medical testing on osteoarthritic cartilage gathered during total knee joint replacement surgery. Early results show no significant variation in the mechanical properties or composition from five different anatomic sites. At West Virginia University in Morgantown, Dr. Eric Radin is characterizing the mechanical stimulus necessary to induce cartilage damage. In all cases bone changes preceded cartilage alterations.

Osteoporosis, a progressive loss and weakening of bone, is a major medical condition affecting millions of postmenopausal women. Some of the factors that may influence the disease are impared calcium metabolism, vitamin D deficiency, decreased estrogen production, and lack of exercise.

At Creighton University, Omaha, Nebr., NIADDK grantee Dr. Robert P. Heaney has used total-body calcium measurements to show no significant loss of total bone density before menopause. Total body calcium levels have a high correlation with height and weight. Beyond age 50 the average loss in women was 0.8 percent per year of skeletal calcium. In contrast, Drs. B. Laawrence Riggs and Lee J. Melton, III, at the Mayo Clinic, Rochester, Minn., have demonstrated a slow linear loss of bone beyond age 25. In comparing bone loss in women and men, greater differences were observed in loss rates in the thigh bone than in the spine. This could account for the fact that hip fracture incidence rates are 8 to 1.

One important question regarding prevention and therapy of osteoporosis is the recommendation for increased exercise. A large-scale study is in progress at the University of Pittsburgh in Pennsylvania, headed by Dr. Rivka B. Sandler, which compares postmenopausal women randomly assigned to sedentary or walking programs.

Grantee Dr. Harry K. Genant, a radiologist with the University of California Medical School in San Francisco, and colleagues have developed a computerized tomographic (CT) scanning technique that can measure the mineral content of spinal bone. Amenorrheic women (women who do not experience menses) lost 30 percent of spinal trabecular bone mineral and 13 percent of peripheral bone mass as compared to age-matched normal women. These results indicate that spinal measurement of bone density is an accurate method for predicting vertebral bone loss.

Dr. C. Conrad Johnston, Jr., at Indiana University in Bloomington, has determined that bone mass in young diabetics is depressed, without evidence of impaired overall growth or delayed maturation. Age of these patients has a strong correlation with bone density, that is, the older patients had less dense bones. Higher insulin levels and number of episodes of hyperglycemia were correlated with slow bone growth.

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

As Americans age, they are increasingly prone to disorders of the nervous system. The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) conducts and supports research on a broad range of neurological disorders affecting the elderly, including Alzheimer's disease, Parkinson's disease, hearing impairment, stroke, and cerebrovascular disease.

Alzheimer's Disease and the Dementias

At the Johns Hopkins University, Baltimore, Md., Drs. Donald Price and Joseph Coyle, who are supported by the NINCDS and the NIA, have confirmed suspicions that a specific area of the brain called the nucleus basalis is the first region to degenerate in Alzheimer's disease. This brain area is part of the body's cholinergic system and produces enzymes that lead to the production of acetylcholine, the chemical that brain cells use to communicate with each other.

In an experiment designed to confirm the breakdown in the cholinergic system of Alzheimer's disease patients, the Johns Hopkins team injected a toxin into the nucleus basalis area of the monkey brain. Then, with the aid of electrodes, they pinpointed the precise areas of the brain where cholinergic activity would normally be seen, and found such activity markedly reduced in the areas damaged by the toxin.

These findings were further confirmed by behavioral changes seen after the animals' cholinergic systems were altered by laboratory techniques. The behavioral studies were carried out by NINCDS grantee Mr. Mahlon Delong and National Institute of Mental Health intramural scientists Drs. Mort Mishkin and Tom Aigner.

In other studies of Alzheimer's disease at Johns Hopkins, NINCDS grantee Dr. Marshal Folstein has found that the disorder appears to run in families more often than had been thought, suggesting a genetic link. As more Americans are now living to older ages, Dr. Folstein suggests that the chances are increasing for the disease to crop up in susceptible families.

The research that yielded these surprising results is the first community study of the prevalence of all types of dementia. Both neurologists and geneticists worked as a team to obtain the data.

NINCDS intramural research scientist Dr. Bruce Schoenberg and colleagues are using a number of approaches to estimate the mortality and morbidity of Alzheimer's disease in several population groups in the United States. They have found that the disease is slightly more frequent in women than in men, and that in one Mississippi county studied, it is equally common in blacks and whites. An epidemiologic study in Isreal reveals that Jews from the United States and Northern Europe have a greater incidence of Alzheimer's disease than those who come from North Africa or Asia. NINCDS intramural scientists and their Israeli colleagues are attempting to confirm and explain these observations.

Taking another approach, NINCDS and NIA grantee Dr. Robert Katzman of the Albert Einstein College of Medicine and Yeshiva University in New York is studing risk factors that may influence the development of dementia in a group of 400 80-year-old volunteers. The group is examined regularly, and a data base is being developed which will permit indentification of such changes as altered sleep patterns or variations in immunological status prior to development of dementia. Dr. Katzman and associates are attempting to devise diagnostic tests to identify the disorder in its early stages.

NINCDS is the national focal point for the establishment and development of positron emission tomography (PET), a revolutionary brain-imaging technique, now being used in clinical research on Alzheimer's disease. Scientists on the NINCDS intramural research staff have developed a high-resolution scanner called the Neuro-PET; using this advance scanner, NINCDS intramural scientists Drs. Thomas Chase and Giovanni Di Chiro this year found abnormalities in the parietal region of the brain in Alzheimer's disease patients. This advance has important implications in the search for the primary neurotransmitter abnormality in Alzheimer's disease; identification of this abnormality may pave the way for eventual treatment of the disorder.

STROKE

Scientists have long known that there is an increased incidence of stroke in patients with diabetes. Recently, NINCDS grantee Dr. Fred Plum and colleagues at Cornell University Medical Center found that stroke is not only more common in diabetic patients, but also more severe. Evidence points to accumulated lactic acid resulting from high blood sugar as the cause of the damage, and this finding applies to all stroke patients with elevated blood sugar, not just diabetics. If this theory is proved, buffering agents to absorb the acid might be used to reduce serverity of a stroke.

Another unexpected finding from the Cornell group is that brain damage from stroke progresses slowly, perhaps over days. Physicians had formerly believed that stroke was a sudden event, causing damage quickly. If instead stroke is a progressive disorder, physicians might be able to intervene with appropriate therapies as soon as the stroke is diagnosed, preventing some of stroke's serious consequences.

Control of circulation to the brain is crucial in the care of stroke patients. NINCDS grantees at Cornell believe that for the first time they have pinpointed the area of the brainstem that is responsible for its own independent regulation of the brain's tiny blood vessels. If the neurotransmitters involved in this delicate mechanism can be identified, ameliorating chemicals might be introduced in the first stages of stroke and brain damage lessened.

The Cornell team also determined this year that a low dose of aspirin—one 40-mg baby aspirin daily—seems to help protect men against stroke. The evidence is inconclusive in women.

Dr. Plum and his colleagues have also been using to advantage a stroke data bank developed at Cornell and supported by the NINCDS. Detailed records on past stroke patients permit these scientists to forecast, to some degree, the degree of recovery that stroke patients can expect, or the types of subsequent problems.

The problems of patients who suffer cardiac arrest have also been examined by Dr. Plum. Such patients suffer some loss of memory because of an interruption in blood flow to the brain. Therapies to restore impaired memory are being tried, with sporadic success.

HEARING LOSS

Impaired hearing is often a source of distress to the elderly. NINCDS grantees Dr. Ruth Gussen of the University of California at Los Angeles and Dr. Harold Schuknecht at Harvard University in Boston have been studying the cochlear nerve in elderly patients. Hitherto unknown information was revealed this year after intensive examination of auditory neurons, cells in the ear that help us hear. The studies offer hope for more widespread use of cochlear implants, devices that provide artificial hearing sensations to the profoundly deaf.

Conventional hearing aids often do not work too well in the elderly. In an effort to improve this situation, NINCDS grantees Drs. Anna Nabelek of the University of Tennessee in Knoxville and Harry Levitt of the City University of New York are seeking ways to modify hearing aids to decrease echoes and overcome other difficulties that hearing aid users experience in noisy situations.

PARKINSON'S DISEASE

Parkinson's disease is a neuromuscular disorder affecting nearly half a million Americans over age 50. This crippling disorder costs the Nation some $2.5 billion yearly. The clinical signs of the disease—tremor, rigidity, and difficulty in initiating movements—become more severe with age.

While the cause of Parkinson's disease remains elusive, scientists now know that the brain cells that produce dopamine, a chemical vital to movement, simply cease working Parkinson patients. Drugs are commonly prescribed, among them L-dopa, in an attempt to compensate for the dopamine deficiency. These medications have helped control the tremor and rigidity characteristic of Parkinson's disease, but their beneficial effect decreases in time. Disabling side reactions are frequent, and often so severe that medication must be discontinued.

Several NINCDS-funded investigators seek to improve the pharmacological approach to control of Parkinson's disease. At the Mt. Sinai School of Medicine in New York, Dr. Melvin Yahr and his associates have recently found that a drug called L-deprenyl is useful as an additional agent in controlling "on-off" symptoms in patients on long-term L-dopa treatment. Another class of drugs, the ergoline derivatives, is being studied by these scientists. Early studies show that one of these drugs, pergolide, has few side effects and is effective in low doses.

At the Johns Hopkins University, NINCDS grantee Dr. Henry Wagner, Jr., and colleagues this year produced the first images of dopamine receptors in the living brain. The images are computer reconstructions of cross-sections of the brain, and are made by injecting radioactively labeled chemicals that bind to brain receptors A PET scanner then records the position of the radioactive emissions. In the resulting images, dopamine receptors are clearly concentrated in the basal ganglia, the brain region where disruptions have been associated with Parkinson's disease. This new technique will be utilized to study the mechanisms that go wrong in Parkinson's disease, and to work toward a cure for the disease and a means of prevention.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The National Institute of Allergy and Infectious Diseases (NIAID) devotes a significant percentage of its research support to health concerns of older and elderly populations. Included among these are studies on influenza, hospital-associated infections, and basic research on the aging immune system.

Epidemiological studies have shown that influenza viruses continued to circulate this year and produce epidemics in the human population, particularly among the elderly. Although last winter's epidemics were not particularly severe, several strains of influenza-A viruses (Philippine-like, India-like, and Singapore-like) were pinpointed as producing outbreaks of varying severity.

Several important advances were made in influenza research this year. Rapid progress, particularly by Drs. Robert Lamb and Purnell Choppin of The Rockefeller University, New York, N.Y., was made in the molecular and biochemical characterization of influenza viruses. This research, accomplished using recombinant DNA technology, will have great significance in continuing efforts to develop antiviral drugs against influenza viruses.

Last year clinical trials demonstrated the effectiveness of the antiviral drug rimantadine in preventing and treating influenza-A. Additional studies this year—supported by NIAID's Development and Applications Branch, headed by Dr. George Galasso—showed that another drug, ribavirin, was also effective in the treatment of influenza-A and influenza-B when administered as an aerosol. This is also a promising first step in the development of new methods of drug delivery for the treatment of severe respiratory infections.

Vaccine development continued to have high priority, and significant gains were made toward the production of a safe and effective influenza-A vaccine. Vaccines, called cold-adapted vaccines and given as nose drops, are being developed because of their ability to survive in the cooler region of the upper respiratory tract. Such vaccines are currently being evaluated in NIAID clincial trials coordinated by the University of Michigan, Ann Arbor. Preliminary results indicate that the vaccines are both effective and safe.

NIAID scientist Dr. Brain Murphy, and colleagues at the University of Maryland, College Park, University of Rochester, New York, and University of Michigan, Ann Arbor, have completed clinical trials of another experimental cold-adapted flu vaccine. Preliminary results show that this vaccine, developed from a weakened (attenuated) strain of a live avian virus, protects human adults against the flu better than currently available flu shots made from killed virus. In addition, these studies showed that recipients of this vaccine shed less virus than those given the conventional flu shots. These results suggest that the live virus vaccine may prevent the spread of flu virus more effectively than the killed vaccine. Studies are now under way to determine how long the new vaccine is effective and how well and safely it can stimulate antibody production in high-risk populations such as the elderly.

Dr. R. A. Garibaldi and his associates at the University of Connecticut Health Center in Farmington are studying the causes of postoperative infections. They found a striking association between infectious complications and the age of the patient, duration of surgery, and severity of the underlying disease. Dr. Garibaldi has also shown that unnecessary, prolonged, or inappropriate use of antibiotics to prevent postsurgical infections has contributed to excessive hospitalization costs. Patients who received inappropriate prophylaxis were more likely to acquire infections with antibiotic-resistant bacteria. Bacteria such as *Staphylococcus aureus*, enterococci, and enterobacter were the most predominant microbial offenders.

CENTERS FOR DISEASE CONTROL

As part of the Center for Disease Control's (CDC) efforts to prevent unnecessary morbidity and premature mortality and improve the quality of life, CDC conducts several activities addressing health problems of special concern to the elderly: demonstration programs for preventing injuries, diabetes control projects, development of a model nutrition education program, and the development of guidelines for immunization against influenza and pneumonia and other adult immunizations.

Falls and burns are injuries seriously affecting the elderly. Over half of all fatal falls involve persons 75 years of age or older. In collaboration with the Administration on Aging and the National Institute on Aging, CDC provides technical assistance for community-based demonstration programs for preventing injuries. The program involves comprehensive, community-wide outreach, identification of risk factors and persons at high risk of injury, and development of interventions to make the environment safer.

Since the complications of diabetes (renal failure, blindness, amputations, and cardiovascular disease) are major causes of death and disability for the elderly, epidemiologic studies are being conducted through the CDC diabetes control program to identify risk factors amenable to intervention. Further study of hypertension, blood glucose control, self-care, and periodic screening for complications will improve the scientific foundation for reducing morbidity.

Evaluation of the nutritional status and assessment of the consequences of lifelong nutritional habits on health are important issues for the elderly. In recent years, CDC has developed a nutrition education program for the elderly and has been improving its nutritional status surveillance systems.

The persons primarily affected by influenza are the chronically ill and the elderly. The risk of death from pneumonia is 2.5 times higher for those aged 65 to 74 and 10 times higher for those 75 to 84 than for the population as a whole. CDC's Immunization Practices Advisory Committee has developed draft recommendations regarding adult immunizations for influenza, pneumococcus, and other vaccines appropriate for adults. CDC is working with other parts of the Public Health Service and the Health Care Financing Administration to develop strategies for immunizing high risk populations, particularly the elderly.

OFFICE OF COMMUNITY SERVICES

The Community Services Block Grant (CSBG) Act authorizes the Department of Health and Human Services, Office of Community Services to make grants to States and Indian tribes or tribal organizations. The States and tribes have the authority and the flexibility to make decisions about the kinds of local projects to be supported by the State or tribe, using CSBG funds. The purposes of the CSBG program are to:

(1) Provide a range of services and activities having a measurable and potential major impact on the causes of poverty in local communities; and

(2) provide activities designed to assist low-income participants, including the elderly poor in areas such as employment, education, housing, health, nutritious food and energy assistance.

Using CSBG funds, the States provide direct funding for a wide variety of programs in local communities. These programs are designed to improve the lives and living conditions of poor persons, including the elderly. In addition, States, may transfer up to 5 percent of their allotment to programs and services provided under the Older Americans Act of 1965. In fiscal year 1982, the last year for which we have figures, $525,747 of CSBG funds were transferred by three States (Arkansas, Kentucky, and Wyoming) to area offices on aging for programs serving the elderly.

The CSBG statute and the implementing regulations do not include a uniform reporting requirement for grant recipients about activities paid for with CSBG funds. Thus, it is not possible for OCS to provide specific, detailed information about programs affecting the elderly that may funded by the States or Indian tribes.

It is possible to generalize from the purposes of the CSBG statute and the fiscal year 1984 CSBG applications submitted to OCS, that a significant number of CSBG State or Indian funded programs in local communities are targeted toward the low-income elderly.

An illustrative, but not inclusive, listing of the kinds of programs and/or activities affecting the elderly and supported by CSBG funds is:

(1) Feeding programs; congregate and meals-on-wheels; canneries, commodity gardening; food banks.
(2) Geriatric day care and senior services centers.
(3) Employment and recreation; senior crafts.
(4) Consumer education.
(5) Homemaker assistance/chore services.
(6) Commodity food distribution.
(7) Emergency loans or grants.
(8) Transportation; escort, dial-a-ride.
(9) Referral to other programs, particularly health-related.
(10) Energy crisis intervention and weatherization.
(11) Home repair.

We are currently working with the National Governor's Association (NGA) to collect CSBG program data from the States on a voluntary basis. The NGA survey results should be in by the end of January 1984 and should provide us with more specific information on the amounts of CSBG monies that were applied to the problems of the elderly during calendar year 1983.

OFFICE OF INSPECTOR GENERAL

INTRODUCTION

The mission of the Inspector General (IG) is to prevent and detect fraud and abuse in the Department of Health and Human Services (HHS) programs and to promote efficiency and economy in its operations. It is the Inspector General's responsibility to report to the Secretary and to the Congress any deficiencies or problems relating to HHS programs and to recommend corrective actions.

The HHS Inspector General's office is the first statutorily enacted office of its kind. It was created by Public Law 94-505 enacted on October 15, 1976, and was the result of a Congessional initiative inspired at least in part by disclosures of fraud, abuse, or waste in Federal/State medical and welfare programs. The legislation places equal emphasis on the Inspector General's obligation to prevent or detect wrongdoing and his obligation to make recommendations for program improvements in HHS.

A basic philosophy of the Office of Inspector General (OIG) is to work in a coordinative and cooperative way with other Departmental offices to accomplish its mission except when such a relationship would compromise OIG independence. Close working relationships have been established with the Health Care Financing Administration (HCFA), the Social Security Administration (SSA), and other major components of the Department in order to maximize resources devoted to common problems.

ORGANIZATION

The Inspector General's office is organized as follows into four major divisions: Audit, Investigations, Health Financing Integrity, and Program Inspections.

The OIG Office of Audit (OA) prepares or reviews about 4,000 audits annually which cover all aspects of HHS operations.

The Office of Investigations (OI), headed by an Assistant Inspector General is responsible for reviewing and investigating all allegations of a potentially criminal nature, which involve HHS programs or activities.

A subdivision of the Office of Investigations is the State medicaid fraud control unit program (SMFCU). Its responsibility includes coordinating the program; to work with the States to improve the detection and elimination of fraud against HHS programs; and to emphasize the importance of developing and conducting an inhouse audit/investigation training program in cooperation with other SMFCU's.

The Office for Program Inspection (OPI) directs a small staff of senior analysts who conduct specialized program and management analyses covering all programs of HHS.

The Office of Health Financing Integrity (OHFI) is devoted to carrying out a variety of audit and inspections type activities intended to detect and resolve issues of fraud, abuse and mismanagement within the Medicare and Medicaid programs.

ACTIVITIES

OIG presently has a number of projects underway or completed which have an impact on the aged. These projects include:

OFFICE OF INVESTIGATIONS

The Office of Investigations is currently operating several projects in addition to its regular caseload designed to detect and prevent fraud in the social security and medicare programs. Such protection activities maintain the integrity of the trust funds supporting these programs, to keep them intact and solvent. Activities such as project spectre prevent retirement, survivors and disability insurance (RSDI) benefits from being sent to decreased persons and converted by relatives to their own use, thus draining the trust fund. Pursuit of unscrupulous medical providers not only protects the trust fund but also targets those who abuse both the medicare system and elderly patients by subjecting them to unnecessary, painful or even dangerous treatment. Full integration of the Social Security Field Integrity and HCFA's Office of Program Validation staffs into the OIG has brought valuable expertise and other resources to bear on such problems of fraud, waste and abuse in the social security and medicare programs.

OFFICE OF AUDIT

1982 marked the start of a major redirection of audit resources into the Department's largest and most expensive responsibility—social security and health. In consonance with this redirection, many audits took on a new form. Past audits were financial in nature with emphasis on allowability of charges. The thrust of our new audits is to go beyond the transaction and search out problem areas from a larger, more systematic perspective. For example, auditors are looking at whether: (1) Various procurement and billing practices are efficient and economical, and (2) legislation resulted in the most efficient and economical delivery of health services.

This redirection now firmly in place, has shown spectacular results with estimated savings of $959 million for fiscal year 1983. These savings represent areas where Department managers have made formal commitments to implement audit recommendations. Actions taken or planned should: (1) Prevent improper expenditures/obligations in the future, and/or (2) improve agency systems and operations thereby avoiding unnecessary expenditures.

Following are examples of reviews under way having impact on the elderly. As will be shown, our objective has been (and will continue to be) to find ways to cut costs without cutting benefits or quality of care:

—Mandating second surgical opinions for certain elective surgeons in medicare and medicaid. The Office of Audit believes this action would not only reduce the health risk of unnecessary surgery but would annually save the programs $94.7 million and $63 million respectively. Recommendations call for HCFA to seek legislation to mandate such a program.

—Limiting reimbursement for pacemaker monitoring. Most pacemaker monitoring is done by phone on a monthly basis, with little or no physician involvement. We believe medicare could save $194 million over the next 5 years by: (1) Limiting reimbursement to bi-monthly calls during the first 4 years after implant (a more reasonable rate given recent advances in pacemaker technology), and (2) reclassifying this service from a "physician service to the less costly (and more appropriate) "routine medical service."

—Rounding down medicare part B claims. Audit estimates medicare could save about $255 million over a 5-year period if payments for add-penny claims were rounded, on a per claim basis, to the next lower whole dollar. The effect of such a policy on the individual beneficiaries or physician suppliers would be minimal—about 30 cents per claim. We are proposing that HCFA seek authority to institute such a practice.

—Improving pricing practices for urological and nutrient supplies. With improved pricing practices for purchase of such nursing home supplies, we estimate medicare could save $17 million annually. Recommendations call for regulatory change and interim controls.

—Eliminating use of hazardous X-ray equipment. Portable X-ray equipment manufactured before 1974 is exempt from stringent FDA safety standards—and need only meet the less strict State standards. Audit found that some providers of X-ray services to nursing home patients were using the older, less safe equipment thus exposing patients to unnecessary radiation hazard. Recommendations will call for the Food and Drug Administration (FDA) to seek legislative authority to see that all portable X-ray equipment meet current FDA safety standards and that in the meantime HCFA revise regulations to see that no medicare/medicaid patients are subjected to such hazard.

—Audit also noted instances where providers were using veterinary X-ray equipment which is not certified for human use and represents a definite health hazard to nursing home patients. We altered both FDA and HCFA to this situation and both offices are taking action.

Office of Health Financing Integrity

The Office of Health Financing Integrity (OHFI) was established within the OIG in January 1983. Staff time is spent between investigating instances of suspect health provider fraud and inspections. A large volume of OHFI's caseload requires recommendations to HCFA and the Secretary so that civil money penalties, sanctions, and/or overpayments can be established.

Inspections are conducted in a variety of ways and for a variety of purposes. However, the overall intended purpose of inspections is to ensure that the medicare and medicaid programs are operating with maximum efficiency and in such a way as to detect willful wrongdoing on the part of the health provider community.

The OIG conducts inspections and studies of health program operations and regulations to identify systemic problems so as to minimize the possibility of fraud, abuse and waste. The major findings of OHFI's activities were:

—$304 million yearly could be saved by ensuring medicare is the secondary payor for beneficiaries with employed spouses.

—Millions will be saved through changes made to the Medicare prospective payment regulations in the areas of coding, accounting practices, etc.

—$21.9 million overpayment identified as the result of a speciality hospital not having an approved utilization review plan in effect.

—$15 million could be saved through a change in regulations for medicare coverage of oxygen concentrations.

—$9.8 million could be saved in medicare and medicaid by a medical center improving its delivery of care.

One of the most effective measures available to the OIG in the war on fraud and abuse is to sanction providers and practitioners by removing them from the program(s). In addition to eliminating them from the program(s), it acts as a deterrant to other members of the health care community. There were 230 providers and practitioners sanctioned during fiscal year 1983, and over 67 percent of these were for periods of three years or more. Some of the more significant sanctions were:

—The owner of a portable X-ray company was suspended from the medicare program for a period of 30 years as a result of his conviction of crimes relating to his participation in the medicare and medicaid programs.

—The owner of an outpatient medical clinic was suspended from the medicare and medicaid programs for a period of 20 years. This individual was convicted of fraud, and demonstrated a complete disregard for the well-being of the medicare patients treated at the clinic.

—The owner of a taxicab services company was suspended from medicare and medicaid for 10 years. He fraudulently billed inflated mileages for medicaid transportation services.

—A physician was suspended from the medicare and medicaid programs for 10 years on the basis of his conviction for mail fraud and submission of false claims under the medicaid program.

Another activity the IG carries out on a regular basis, is the review of individual medicare/medicaid cases. For this period, the review identified over $45 million in medicare overpayments and cost avoidance, and over $8 million in medicaid cost avoidance and overpayments.

OFFICE OF THE GENERAL COUNSEL

Gray Panthers Update (D.C. Cir. 1982)

In *Gray Panthers II,* the court of appeals held that the combination of the new and more comprehensive part B explanation of medicare benefits (EOMB) notice together with the toll-free telephone system proposed by the Secretary and full written review procedures appear to satisfy the requirements of due process for the majority of medicare claims involving less than $100. Nevertheless, the court again remanded the case to the district court to determine in the first instance whether this latest EOMB form satisfies the stringent notice requirements of due process. The lower court was specifically instructed to use the Secretary's form, as opposed to the one submitted by the Gray Panthers, as a basis for deciding whatever additional improvements may be needed. For a minority of cases, such as those in which credibility or veracity are determinative, the court of appeals said that it may be necessary to provide for informal face-to-face hearings. The district court, however, was instructed to ensure that such cases are both sufficient in number and reasonably segregable from the remainder of the claims to justify different treatment. With regard to relief, the appellate court held that the district court retains equitable discretion to determine which members of the nationwide class—consisting of all medicare beneficiaries who were not afforded an opportunity for a hearing on a claim involving less than $100 at any time on or after March 21, 1976—are entitled to the new procedures.

Heckler v. *Ringer,* S. Ct. 82-1772

The Supreme Court has granted certiorari in the Secretary's appeal of a ninth circuit ruling that allowed several beneficiaries and their physician to directly challenge the Department's ruling on medicare coverage for bilateral carotid body resection outside of the administrative appeals process prescribed by the statute and regulations. The ninth circuit had held that the statutory limitations contained in 42 U.S.C. § 405(h) did not apply to "procedural" challenges to the Secretary's ruling and that the district court had both 28 U.S.C. §§ 1331 and 1361 jurisdiction to hear the plaintiffs challenge. In its June 27, 1983 Order, the Supreme Court has accepted two issues for review:

(1) Whether the district court had jurisdiction under 28 U.S.C. §§ 1331 or 1361 to consider respondents' claims for reimbursement under the medicare program, not withstanding the preclusion of judicial review provision in 42 U.S.C. 405(h).

(2) Whether respondents' failure to exhaust their administrative remedies barred them from seeking review of the denial of their medicare reimbursement claims under 42 U.S.C. 405(g).

College of American Pathologists v. *Heckler* (D.D.C.), 83-1081

The U.S. District Court for the District of Columbia denied an application by the College of American Pathologists (CAP) to enjoin implementation of the hospital-based physicians regulations, 48 Fed. Reg. 8902 (March 2, 1983). CAP and individual pathologists brought the action on April 13, 1983, challenging the treatment of most clinical pathology procedures as hospital services rather than part B physicians' services, the conditions for recognizing consultations in the area of clinical pathology, the reimbursement provisions for leased departments of hospitals, and the prohibition against charges by physicians to Medicare beneficiaries for hospital services.

The court held that pathologists quality assurance services could not be billed under part B as a professional component of each clinical pathology test. In addition, the court held that clinical pathology services could not be billed as physicians' services under Part B even when performed by a physician because these services ordinarily do not require performance by physicians. Further, the court held that consultations concerning clinical laboratory tests must be requested by patients' physicians in order for pathologists to bill under part B for interpretations or analyses of test results.

On the regulatory change to the payment mechanism for leased hospital departments, which requires that departmental overhead borne by lessees—such as the costs of equipment, supplies, and technicians' salaries—be reimbursed under part A on the basis of the lessee's actual costs, the court cited the frequent abuses in this area and upheld this change. On the regulatory prohibition against charges to medicare beneficiaries by hospitals, physicians, or others for services that the act defines as hospital services, including most clinical pathology services, the court rejected a claim that this interferes with the practice of medicine. The court found that such charges to patients by hospital-based physicians were equivalent to charges by the hospitals themselves, because the charges arise from services performed by the physicians for the hospitals pursuant to contracts with the hospitals. Moreover, allowing such charges would vitiate beneficiaries' statutory entitlement to Medicare payment for hospital services. The case is on appeal.

Colonial Penn Insurance Co. v. *Heckler* (3rd Cir. 1983), 83–1385

Colonial Penn sought to enjoin implementation of a medicare regulation, 42 C.F.R. § 405.323(b), which provides that medicare payment will not be made for services covered by a private insurance company under an automobile or no-fault insurance contract, even if the policy and State law provide that payment by the private insurers in excess of, or secondary to, medicare payments. The court of appeals ruled that the regulation's change in the order of medicare payments was brought about by an amendment to the medicare statute itself pursuant to § 953 of the Omnibus Reconciliation Act of 1980, Public Law 96–499, and that Colonial Penn had not shown that it possessed a constitutionally protected property interest affording it a basis for challenging Congress's right to change the medicare law.

Kron v. *Heckler* (E.D. La. 1983), 80–1322

Payment for medicare services in a hospital is limited to 90 days during a benefit period, referred to as a "spell of illness," plus 60 lifetime reserve days which can be used in any spell of illness after the first 60 days have been used. 42 U.S.C. § 1395d(a)(1). Although there is no limit on the number of spells of illness available to an individual covered by medicare, under § 1395x(a)(2) a spell of illness will not terminate (and so a new spell of illness with resumed medicare benefits cannot begin) until the patient has spent 60 consecutive days "on each of which he is neither an inpatient of a hospital or of a skilled nursing facility."

In *Kron* v. *Heckler* the district court held that the medicare statutes do not permit the use of one set of standards for determining whether a nursing home is a skilled nursing facility for spell of illness purposes and another inconsistent set of standards for purposes of certifying a facility as a medicare provider of services. While the court did not explicitly hold that the Secretary must use the exact same criteria, the classification criteria for benefit purposes may not result in facilities which are certified as intermediate care facilities being classified as skilled nursing facilities for determining the end of a spell of illness. Accordingly, individuals residing in certain facilities which were previously classified as skilled nursing facilities for benefit purposes will not be able to end a spell of illness and become entitled to a new benefit period. The district court also held that the notice form informing plaintiff of the denial of part of her claim for hospital benefits is defective because it does not explain the reason for denial.

ITEM 7. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

FEBRUARY 17, 1984.

DEAR MR. CHAIRMAN: Per your request of November 3, 1983, I have enclosed a copy of the U.S. Department of Housing and Urban Development's (HUD) 1983 annual report to the U.S. Senate Special Committee on Aging.

Very sincerely yours,

SAMUEL R. PIERCE, Jr., *Secretary.*

Enclosure.

1983 ANNUAL REPORT TO THE SENATE SPECIAL COMMITTEE ON AGING

INTRODUCTION

The Department of Housing and Urban Development's (HUD) efforts to serve the elderly are characterized by concern to maintain and focus housing and services while achieving necessary budget savings. Under the leadership of Secretary Pierce, HUD has acted to assert administrative responsiveness and direction, to insure housing production, to provide opportunities for necessary auxiliary services, to assist the elderly it serves, and to pursue extensive research aimed at improving the quality of life of aging Americans.

This report to the Special Committee on Aging of the U.S. Senate is organized to show the pattern of HUD service, and the sections of the report are ordered to give a comprehensive view of HUD policy and programs. Coordination of services for the aging has been given administrative priority by being located in the Office of the Secretary, under the direct supervision of the Deputy Under Secretary for Intergovernmental Relations. Programs of direct loans and loan guarantees to provide adequate production of housing for the elderly are being maintained, and various offices of HUD are exploring methods of servicing the elderly we house. HUD also has encouraged use of community development funds to assist the elderly. Finally, there is a presentation of current and projected research aimed at identifying useful ways of improving housing and services for the elderly.

The Department of Housing and Urban Development has entered the current period of Federal fiscal restraint confident that programs for the elderly will provide the flexibility and level of support necessary to meet the housing needs of the elderly in the 1980's.

I. INTERGOVERNMENTAL RELATIONS

In March 1981, Secretary Pierce established the Office of the Deputy Under Secretary for Intergovermental Relations as a new office within the Office of the Secretary. This office serves as the focal point for secretarial dealings with the White House, with other Federal agencies, with State and local officials, and with public interest groups on intergovernmental policy matters.

The office's responsibilities, as they relate to the elderly, include maintaining contact with public interest groups representing the elderly and responding to their concerns about Department programs, working with the White House and HUD program offices to insure specific attention to the elderly population's concerns, and handling casework problems involving elderly populations. This office works closely with the Administration on Aging (AoA) in order to better coordinate elderly housing initiatives. This office also continues to work with other Federal agency offices which work with the elderly, and directly with elderly individuals who have housing concerns.

II. HOUSING

A. Section 202--Direct Loans for Housing for the Elderly or Handicapped

While HUD intends to rely on existing housing in its assistance programs, the administration recognizes the special needs of the elderly. Therefore, HUD has continued to support the section 202 program. The section 202 program was first enacted as a part of the Housing Act of 1959 to provide direct Federal long-term loans for the construction of housing for the elderly or handicapped. The program was intended to serve elderly persons whose income was above public housing levels but still insufficient to obtain adequate housing on the private market. The section 202 program was amended by the Housing and Community Development Act of 1974 to change the method of determining the interest rate (which had been set at 3 percent statutory maximum in 1965) and to permit the use of section 8 housing assistance payments for projects constructed or substantially rehabilitated under the program. In fiscal year 1983, the interest rate was 9¼ percent. It will continue at that level for fiscal year 1984.

By containing construction costs of 202 projects, the administration reduced per unit cost from $45,000 to $41,000, and thus was able to provide 800 more units in fiscal year 1983 for the funds appropriated. Further cost savings will occur due to our regulations to mandate competitive bidding for projects now under development.

Because of the Department's outreach efforts, minority sponsors received almost 22 percent of the awards, for more than 28 percent of the units to be built. The Department exceeded its minority outreach goals by conducting a series of regional informational conferences designed specifically for minority organizations.

Since reactivation of the program in 1974 through fiscal year 1983, almost $6 billion has been reserved, representing 2,451 projects and 147,070 units. For fiscal year 1983, 322 projects with 14,035 units received fund reservations for $633.3 million. Approximately $666 million (estimated to finance the development of 14,000 units) will be available for fund reservation in fiscal year 1984.

The 1984 Appropriations Bill for HUD provides that the first $1,926,400,000 of budget authority recaptured and becoming available in fiscal year 1984 shall be available only for section 202 projects. Unless this provision is changed by the Appropriations Committee, funding will be difficult, because all section 202 funding will be contingent upon recaptures. Much of this recapture money must come from public housing authorities, which have little incentive to seek recaptures for the benefit of nonprofit sponsors of section 202 projects. HUD will approach Congress to waive the requirement to use only recaptured funds for section 202.

B. Section 231—Mortgage Insurance for Elderly Housing

Section 231 of the National Housing Act, as amended, authorizes HUD to insure mortgage loans used for construction or rehabilitation of rental accommodations for older persons (age 62 years or older—married or single). Section 231 is HUD's principal program designed solely for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated mortgagors are eligible under the program. Section 231 also permits the construction of congregate housing projects. Since inception through fiscal year 1983, 513 projects were insured under the section 231 program, providing 67,936 units for the elderly. In fiscal year 1983, nine projects containing a total of 1,708 units were insured.

C. Sections 221(d) (3) and (4) of the National Housing Act—Mortgage Insurance Programs for Multifamily Housing

While these programs are not specifically for the elderly, they are available to nonprofit and profit-motivated mortgagors as alternatives to the section 231 program. Sections 221(d) (3) and (4) authorize the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures. Special projects for the elderly can be provided under these programs, and may include the special features such as congregate facilities. From the program's inception through fiscal year 1983, a total of 10,281 projects containing 1,191,200 units have been insured. More than 10 percent of these units have elderly occupants.

By notice to the field, HUD has created the retirement service center program as an expansion of the services offered by the 221(d)(4) insurance program. Facilities under this program are limited to market rate elderly tenants. Projects built under this program will provide apartment units with meals, services, and an amenities package which exceeds any normally insured under 221(d)(4). Retirement service centers will bridge the gap between the totally independent living arrangements on noncongregate housing for the elderly and the health-care-oriented nursing home.

D. Section 223(f)—Mortgage Insurance for the Purpose of Refinancing Existing Multifamily Housing Projects

This program offers mortgage insurance for existing facilities, including housing for the elderly, where repair needs do not warrant substantial rehabilitation. The program can be used either in connection with the purchase of a project or for refinancing only. To the extent that real estate liquidity is enhanced, section 223(f) encourages investment in residential real estate of all kinds. Prior to its addition to the National Housing Act in August 1974, project mortgage insurance could be provided only for substantial rehabilitation or new construction.

E. Section 232—Mortgage Insurance for Nursing Homes/Intermediate Care Facilities

The primary objective of the section 232 program is to assist and promote the construction and rehabilitation of long-term care facilities. The vast majority of the residents of nursing homes and intermediate care facilities are elderly. Since the program's enactment in 1959 through fiscal year 1983, the Department has insured 1,435 facilities, providing 171,902 beds, for a total of $2.27 billion. In fiscal year 1983, 62 facilities, providing 8,972 beds, were insured for a total of $262.3 million.

The 1983 HURRA legislation provides for a special program for the elderly which permits units with shared bedroom and bath facilities along with central kitchens only (there will be no individual kitchens in the units). These are called "board and care" units and will provide 24 hour staffing for oversight of the residents. There is no medical component and no certificate of need is required. The facilities must be licensed by the State.

F. Section 242—Mortgage Insurance for Hospitals

Under section 242 of the National Housing Act, the Department insures mortgages to finance the construction or rehabilitation of nonprofit and proprietary hospitals, including major movable equipment. From the program's inception through fiscal year 1983, 209 hospitals, providing 56,418 beds, have been insured for a total of $3.8 billion. In fiscal year 1983, 19 hospitals, providing 7,745 beds, were insured for a total of $998.1 million.

G. Section 8 Rental Assistance

The section 8 program provides rental assistance for lower-income families, with a priority for very low-income families. In general, assisted families pay up to the greater of 30 percent of income (phased in by 1 percent increments from 25 percent each year) or welfare rent with any increase brought about by the change of legislation being capped at 10 percent per year, and HUD makes up the difference. As of August 31, 1983, there were 1,940,925 units reserved under the program. Of those units, approximately 41 percent are occupied by the elderly. Normally, elderly occupancy percentages are slightly higher than those for reservations.

Based on tentative evaluation of appropriation and authorization language for fiscal year 1984, approximately 100,000 incrementally assisted units are expected to be reserved. This number includes 14,000 section 202 units. Authorization is provided also for shared housing for elderly families under the section 8 existing housing and moderate rehabilitation programs. Shared housing arrangements can contribute to reduced housing costs, companionship, and security for elderly persons. In addition, assistance will be extended under the section 8 existing housing program to single room occupancy housing. This would meet the needs of many lower-income elderly households.

Under the section 8 new construction program, elderly families had to move from their homes into a project in order to receive assistance. Extensive use of section 8 existing certificates and the voucher program will benefit eligible elderly families by permitting them to receive assistance without moving.

H. Congregate Housing Services Program

The congregate housing services program is designed to test the cost-effectiveness of providing supportive services for the elderly and handicapped under HUD auspices, which prevent or delay unnecessary institutionalization. Under this program, HUD extends multiyear grants (3 to 5 years) to eligible public housing authorities and nonprofit section 202 borrowers for meals and other supportive services to the frail elderly and nonelderly handicapped residents. As of 1983, all fiscal year 1979 money has been committed to grantees, except for about $100,000 of reserve funds remaining of that legislatively required to cover the cost of inflation and other adjustments. Thirty-five 3-year grants are serving approximately 1,600 residents; two grantees have yet to start up. An additional $10 million was made available in fiscal year 1980. Of this amount, $6.6 million was allocated in fiscal year 1981 for 5-year grants, which are now serving approximately 800 residents in 18 projects. In July 1982, $2.85 million of fiscal year 1980 funds reserved for new construction projects was allocated by competitive selection for eight grantees to serve about 200 people.

$4 million was appropriated for fiscal year 1983. Of this amount, about $3.2 million has been obligated to continue 24 fiscal year 1979 grants which expired in 1983. Three grantees have yet to negotiate their continuations. Four grantees were selected in the fiscal year 1983 rural demonstration and will receive about $470,000.

These selectees will begin negotiating for firm commitments this fall. Operations should commence by spring of 1984.

I. Evaluation of Home Equity Conversion Mortgages for the Elderly

HUD proposed a full demonstration of home equity conversion mortgages, but Congress turned the proposal down. As part of the fiscal year 1984 housing authorization legislation, the Department plans to conduct an evaluation of the existing use of home equity conversion mortgages. These mortgages are designed to help elderly homeowners who wish to remain in their homes, but need to convert some of their equity into income to meet increased living expenses, pay for housing repairs, and help pay for other major one-time expenses.

The Department will report to Congress on the evaluation results, including the extent to which such mortgages improve the financial situation or otherwise meet the special needs of elderly homeowners; on the risk incurred by mortgagors in using such mortgages; and on the potential for market acceptance. The Department will make recommendations in regard to safeguards to minimize risk to mortgagors and to possibly establish a Federal insurance program for the mortgages.

J. Manufactured Home Parks

At the request of the administration, the 1983 legislation amended section 207 of the National Housing Act to permit mortgage insurance for manufactured home parks exclusively for the elderly.

K. Minimum Age Covenants ("Retirement Villages")

As the result of a White House initiative, FHA single-family insurance is available for retirement villages exclusively for occupancy by the elderly. HUD can insure subdivisions and planned communities which restrict ownership to those above a certain age, and which restrict the occupancy and the duration of visits by children.

L. Pet Ownership

The housing legislation provides for pet ownership in assisted rental housing for the elderly and handicapped, and for the establishment of reasonable rules for the keeping of pets by tenants in such housing.

III. PUBLIC AND INDIAN HOUSING

The Office of Public and Indian Housing was established October 1, 1983 following a reorganization ordered by the Secretary. In order to provide additional focus on the management of public and Indian housing programs, a new Assistant Secretary position was created. Senate confirmation occurred in September 1983. All other housing programs will remain under the jurisdiction of the Assistant Secretary for Housing.

A. Public Housing

Public housing was created by the United States Housing Act of 1937 and has always included the elderly as eligible residents. In 1956, the Congress authorized public housing especially designed for the elderly, incorporating safety and security features. Handicapped persons of all ages with low incomes are statutorily included. Public housing agencies (PHA's) develop and operate the housing, which is financed through direct HUD loans and the sale of bonds and other obligations. The Federal Government makes annual contributions to repay the PHA's borrowings and, with operating subsidies, assures that low rents and adequate services are available. In 1970, legislation was enacted encouraging PHA's to develop congregate rental housing for the elderly and handicapped. Congregate housing differs from the usual multiunit housing in that the living units may not have individual kitchens, but must have a central kitchen and dining facility to serve communal meals. Supportive services may be provided by the PHA's, but most are provided by local social service agencies funded by the Older Americans Act and titles XIX and XX of the Social Security Act.

As of September 30, 1983, approximately 536,000 units of low-income public housing, or 45 percent, were occupied by the elderly. These figures do not include elderly occupancy of section 8 units owned by PHA's.

B. Indian Housing

The Department provides housing assistance for elderly Indians and Alaskan Natives pursuant to the U.S. Housing Act of 1937, as amended. The Indian housing program is similar to the public housing program. Indian housing authorities operate rental and homeownership programs on reservations. As of October 1, 1983, there were almost 170 Indian housing authorities operating approximately 49,200 units of Indian housing, of which about 3,200 units specifically house elderly families. Approximately 13,400 units are in the pipeline and will be available for occupancy within the next 3 years. Of these units in development, about 10 percent are for the elderly.

In collaboration with the State of Alaska, the Department has initiated an elderly demonstration project. The State of Alaska proposed, and HUD approved, a partnership to build a 120-unit low-income housing project for elderly Alaskan Natives in Anchorage (to be owned and operated by the Cook Inlet Housing Authority). The State of Alaska is contributing 75 percent of the development funds and HUD is contributing the remainder. Our Anchorge office has operational oversight for the project during its development. The project is scheduled for completion in fall, 1984. We view this demonstration as a means to meet joint responsibilities to house low-income Indians families which can be repeated in other States with the resources to enter into such partnerships. The Department will encourage tribes with substantial and available assets to contribute in the future to similar partnerships to increase the number of new Indian units.

IV. COMMUNITY PLANNING AND DEVELOPMENT

A. Community Development Block Grant Program

The community development block grant (CDBG) program is a major source of funds for cities to conduct a wide range of community development activities. The CDBG program makes available approximately $3.5 billion annually to communities. Approximately $2.5 billion of this sum goes to 732 cities and urban counties by entitlement with individual amounts determined by formula. The balance, approximately $1 billion, goes to small cities under 50,000 population. Beginning in fiscal year 1982, most of the $1 billion for small cities' use was allocated to States for their distribution to small communities according to the States' own selection systems. HUD area offices distributed the remainder through competitions in their areas of jurisdiction. Block grant funds must be expended to help low and moderate-income households, to eliminate slums and blight, or to meet other urgent community development needs. The primary objective of the legislation is the development of viable urban communities by providing decent housing, a suitable living environment, with expanding economic opportunities, principally for persons of low and moderate income. This section describes CDBG entitlement program expenditures that aid or benefit the elderly. The following section will describe benefit to the elderly from the CDBG small cities program.

Elderly persons benefit directly and indirectly from a variety of CDBG funded projects. However, because of the decentralized nature of the CDBG program and because local communities are not required to report program beneficiaries by age, it is impossible to estimate exactly what proportion of CDBG funds directly addresses the needs and problems of the elderly. Available information does show, however, that slightly more than $16 million, or approximately 1 percent of all fiscal year 1982 CDBG entitlement program funds, were budgeted specifically for assistance to senior centers. Metropolitan cities planned to use 0.4 percent of their funds for this purpose and urban counties 2.6 percent. Another major source of elderly benefits in the CDBG program is local funding for housing rehabilitation activities, which represent approximately 35 percent of all CDBG entitlement spending. Although the exact amount cannot be determined, a significant proportion of this funding benefits the elderly. For example, many communities use CDBG funds to make home improvement grants, write down the interest rate of conventional home improvement loans, forgive repayment of home improvement loans, and provide weatherization services for elderly owners and renters

In addition, significant amounts of CDBG entitlement spending for neighborhood improvements, public services, and other public works indirectly benefit the elderly. In 1982, CDBG entitlement cities and urban counties allocated about $14 million for public housing modernization, $214 million for the provision of public and social services, $31 million for neighborhood facilities, $11 million for the removal of architectural barriers, $3 million to centers for the handicapped, and $107 million for other public facilities. Again, it is not possible to estimate the total CDBG benefits to the elderly from these types of projects. However, entitlement cities in recent years have annually directed about 57 percent of their funds to areas in which at least 10 percent of the population was 65 or more years of age.

B. CDBG Small Cities Program

Beginning in fiscal year 1982, States were given the option to take over administration of the small cities CDBG program; 37 States exercised this option while 14 States elected to continue having HUD area offices manage and administer the program. Although the eligible activities are the same for both the entitlement and State-operated small cities programs, States may restrict the activities funded, or structure their competitions to favor a few activities important to their States. The 37 States distributed 75 percent of the $1 billion allocated to the small cities program through their own mechanisms. With the exception of a few States that allocated their funds directly to cities by formula or through regional organizations, most States distributed these funds through a competition among their small communities.

As in the CDBG entitlement program, elderly persons benefit directly and indirectly from a variety of small cities CDBG funded projects. Since the bulk of the money is distributed by States and they are not required to report in a systmatic fashion who benefits from the activities of their grantees, the exact level of benefit to the elderly cannot be determined. However, it is known from fiscal year 1982 information voluntarily submitted by States, that public facilities and improvements projects among small cities grantees included at least 18 senior citizen center projects receiving an average of more than $50,000 in CDBG assistance. States also awarded substantial sums of CDBG funds for other activities that provided some benefit to the elderly, most notably housing rehabilitation which received $64 million in CDBG funds, although it is not possible to estimate the amount of these funds that actually benefited the elderly.

C. Urban Development Action Grant (UDAG) Program

Cities and urban counties which meet minmum standards of physical economic distress are eligible for urban development action grants (UDAG's) to assist economic development projects in their community. Communities that fail to meet the community, wide test for eligibility but have small area within their boundaries that have large numbers of lower-income persons, are eligible to apply for grants under the "pockets of poverty" provisions enacted in 1979. The purpose of the UDAG program is to upgrade the economic base of these cities and provided permanent jobs, especially for low- and moderate-income persons. Urban development action grants are awarded through a nationwide competition that considers such factors as the relative distress of the city, amount of private funds leveraged by the UDAG grant, number of jobs created and severity of economic problems of the locality.

In fiscal year 1983, 542 projects were given preliminary application approval; these projects involved $735 million of action grants. Since the inception of the program, UDAG awards have help communities develop downtown and suburban shopping areas, community centers, and other public facilities that have indirectly benefited the elderly. In addition, since 1978 79 action grant projects in over half of the States and Puerto Rico have been awarded funds to assist meeting the needs of elderly persons and households. Examples of fiscal year 1983 action grant projects receiving preliminary approval that directly benefit the elderly are:

—Chicago, Ill.: To expand a health center, construct a 180,000 square foot geriatric center with a sufficient number of beds and skilled nurses to acommodate 250 persons, develop 120 apartments for the elderly, and rehabilitate a vacant office building for this new use.

—Barton, Vt.: To construct a new 60-bed nursing home and convert the existing facility to a community care home.

—Johnstown, Pa.: To construct a 323-space parking garage and 15,320 square foot office and commercial space for the new mercy hospital.

D. Section 312 Program

The section 312 rehabilitation loan program, as established by the Housing Act of 1964, provides direct loans to eligible property owners to assist them in rehabilitating single family and multifamily residential properties and neighborhood-scale nonresidential properties. The program has recently operated in conjunction with and in support of other community development programs, primarily the community development block grant (CDBG) and the urban homesteading programs. Most section 312 loans in the past have gone toward single family loans. The 1981 amendments, however, removed restrictions on the amount and circumstances fro multifamily lending. The fiscal year 1982, rehabilitation loans were made at low interest rates (3, 5, and 11 percent) depending upon the family income for residential single family properties, or upon the type of property for other loans. The term of the loan is the shortest reasonable term consistent with the borrower's abilitly to pay, but in no instance is it more than 20 years.

In fiscal year 1982, the section 312 program made available to localities a total of $49.4 million. These funds came almost entirely from repayment proceeds from previously originated loans and recoveries of prior years' obligations. These funds were used to make 757 section 312 loans. Although no data are available on the ages of the recipients of these loans, in recent years, approximately one-sixth of section 312 loans were made to elderly homeowners.

V. LABOR RELATIONS

The Office of Labor Relations is continuing to work with public housing authorities to assure the continuation of the practice of having "live-in" maintenance staff in housing for the elderly. This practice insures the timely response of housing authority personnel to the emergency, as well as routine, needs of residents. It is also a significant security feature in buildings housing elderly residents. Research and analysis showed this to be a fairly widespread local sector initiative and to be much more cost effective than Federal subsidy programs. This office has worked to make sure that a live-in worker is protected from having his apartment treated as income for social security tax and other tax purposes.

VI. POLICY DEVELOPMENT AND RESEARCH

Title V of the Housing and Urban Development Act of 1970 authorizes and directs the Secretary to undertake programs of research, studies, testing and demonstration relating to the mission and programs of the Department. Section 815 of the Housing and Community Development Act of 1974 specifically encourages demonstrations related to the housing problems of the elderly and handicapped. The focus of this program related to the elderly and handicapped is to design, conduct and support research and demonstration projects whose results will improve housing conditions and related housing and community services for the elderly, the handicapped, and other members of special groups.

The Office of Policy Development and Research is currently sponsoring several projects related to the housing problems of the elderly. During fiscal year 1983, the evaluation of the congregate housing services program (CHSP) continued. Additional data was collected that will be used to measure CHSP program impacts on rates of institutionalization, hospitalization, mortality, physical functioning, and health status, whether the services were substituting for privately provided supportive services (i.e., from friends or family), and whether the services were being targeted to the most needy. The completed results of all analyses will be submitted to the Department in December 1984.

Several new projects also began in fiscal year 1983. One project will examine the impacts of the cost containment measures instituted in the section 202 program. A second project is investigating the possibility of starting several self-sufficient businesses, to be operated by elderly residents of HUD sponsored housing, which will provide services such as transportation and day care to project residents. A third project, undertaken with the Consumers Union Foundation, will result in preparation of a guidebook for the elderly and their families on how to make retirement housing choices. Finally, locally sponsored solutions to the housing problems of the elderly will be surveyed and those solutions will be documented by the U.S. Conference of Mayors in a handbook for use by potential sponsors of similar projects.

Another focus of the research program is on the handicapped; much of that research has major implications for the elderly who face many of the same problems that the handicapped face. In fiscal year 1983, we completed the congressionally mandated preparation of standards and criteria for housing for the chronically mentally ill. We also began a project to prepare a handbook which will give local governments guidance on selecting and implementing a methodology for surveying the needs of their handicapped citizens.

VII. FAIR HOUSING AND EQUAL OPPORTUNITY

Congress passed the Age Discrimination Act of 1975 to prohibit discrimination on the basis of age in programs or activities receiving Federal financial assistance. The

Department of Health and Human Services is the agency responsible for coordinating the governmentwide implementation of the Age Discrimination Act. HUD published its proposed Age Discrimination Act implementing regulation in the Federal Register in November 1980. We project that the final regulation will be ready for publication by March 1984. During the past year, HUD received 15 complaints alleging age discrimination in obtaining housing. All 15 complaints were referred to the Federal Mediation and Conciliation Service (FMCS) and 10 have been resolved through their mediation. The remaining five have been returned to HUD for further investigation.

ITEM 8. DEPARTMENT OF THE INTERIOR

JANUARY 12, 1984.

DEAR MR. CHAIRMAN: Secretary Clark appreciates your November 9 request concerning information for the Special Committee on Aging annual report on "Developments in Aging: 1983," and he has asked me to respond. We were quite pleased about the fine coverage you gave Interior in your 1982 annual report, and we are happy to submit developments for this year.

The reports from our bureaus and offices on the developments in aging in their programs and services are contained in attachments A–O. Some of the highlights in the report are:

(1) Increase of Interior employees over age 70 by 1 percent from last year to 300 employees, with 13 over age 80 (eight born in 1900 or before).

(2) Actions on aging in the Secretary' s Human Relations Office for the aging.

(3) Use of the Federal Employees Part-time Career Employment Act of 1978.

(4) Medical examination and reemployment of disabled annuitants from the *Morsey* v. *Andrus* decision.

(5) Promotion and employment outreach activities for the aging.

(6) Application of the Age Discrimination Act of 1975 on Interior's financial assistance programs.

(7) Architectual accessibility for the aging.

(8) Facility construction, tutoring, and volunteer opportunities for senior citizens in youth programs.

(9) Use of experienced scientific personnel in mining activities.

(10) Recreation, accessibility, and employment for the aging in reclamation projects.

(11) Numerous services provided senior Indians.

(12) Employent of 84 persons over age 60 (three over age 70), supervisory training in aging awareness, and policy and procedures review in the new minerals management operation.

(13) Employment, recreation, tours, materials, and the Golden Age Passport for the elderly in the fish and wildlife refuges.

(14) The 3,000 volunteers program that doubled the past year and the senior community service program in nine States giving on-the-job skill training in land management activities.

(15) Forty-five service awards to 34 employees, 30-year awards to 156, 300 reemployed annuitants, use of experienced technocrats and scientists, Peace Corps collaboration, publications, and liaison with retirement organizations in geological survey programs.

(16) Status of programs for the aging in the trust territories.

(17) Day camps, senior citizen centers, hospitals and nursing home outreach, 2.7 million lifetime Golden Age Passports issued, accessible facilities, aging demographics in the 1982–83 nationwide recreation survey, and technical and financial assist- ance to States and communities in the national parks program.

We are proud of the attention Interior is giving to the needs and issues of gerontology, and we will strive to continue the emphasis. Thank you for the interest of your committee in our efforts and programs for the aging, and if you would like further information, please contact Dr. Andy Adams (343–5521) who provided me staff support for this report.

Sincerely,

RICHARD R. HITE,
Principal Deputy Assistant Secretary
for Policy, Budget and Administration.

Attachments.

ATTACHMENT A

Memorandum to: Dr. Andy Adams, Staff Assistant, Office of Policy, Budget and Administration.
From: Director of Personnel.
Subject: Report on developments in aging, 1983.

This is in response to your memorandum of November 14, 1983, requesting information necessary to develop the 1983 report to the Senate for the Committee on Aging.

In the Department we announce positions, except firefighters and law enforcement positions, as open to all applicants regardless of age. As of September 30, 1983, there were 300 employees on the rolls who were over 70 years of age or older. This represents a 1 percent increase from the previous year's report. Of the 300 employees 13 were in their eighties and 8 of these employees were born in 1900 or earlier. The average grade of these employees was 11.3. The type of appointments also varied, i.e., career, career-conditional, intermittent, temporary, and part time.

Public Law 95-437, the Federal Employees Part-time Career Employment Act of 1978, provides career part-time employment opportunities in positions through GS-15 (or equivalent) subject to agency resources and mission requirements. This program is attractive to older persons with the skills, experience, and qualifications to reenter the job market on a part-time basis.

As a result of the decision in *Moysey* v. *Andrus*, the regulation on medical reexamination of annuitants who are age 60 and over has been revised. Under the revised regulations, any annuitant who is age 60 or over may now request a medical reexamination to determine if he or she has recovered from the disabling condition on which his/her annuity is based.

In a disability retirement study conducted by the Office of Personnel Management (OPM), it was determined that OPM policy discouraged the reemployment of disability annuitants by limiting such employment to temporary appointments of less than 1 year. This policy resulted in many annuitants being retained on disability retirement longer than was necessary. The revised disability retirement regulations now permit a disability annuitant to be reemployed in any position for which he/she is qualified, with the kind of appointment otherwise appropriate under the circumstances. The reemployed annuitant will have his/her pay offset by the amount of annuity allocable to the period of reemployment. A disability annuitant so employed may request to be found recovered at any time, and when the nature of the appointment is such that it would otherwise be subject to retirement deductions, OPM will terminate the annuity as of the date of its administrative finding of recovery and the agency shall commence retirement deductions as of the same date. These revised procedures will encourage reemployment among the employable disability annuitants while protecting the right to future benefits of those not fully recovered.

If you have any questions, please call Donna Walters, of my staff, on 343-7764.

ATTACHMENT B

Memorandum to: Policy, Budget and Administration Staff Assistant.
From: Office of the Secretary, Human Relations Officer.
Subject: Report on developments in aging, 1983.

Pursuant to the Department of Interior's mandate in personnel actions, which embraces the Age Discrimination in Employment Act of 1978 (Public Law 95-259) amending the Age Discrimination in Employment Act of 1978 (Public Law 95-454) and other statutes, court decisions, and Executive orders, the following actions in the Office of the Secretary and other departmental offices (OS/ODO) during 1983 related to the aging:

(1) For its May meeting of EEO counselors and Human Relations coordinators, a 3,000 page compendium on human relations was prepared and distributed which contained a whole section on the myths and realities associated with the aging.

(2) The OS/ODO and Solicitor's EEO policy statements which include age among the protected classes were reissued.

(3) A chronology of selected actions of the executive, legislative, and judicial branches of Government from the 1700's to 1983, which was updated by the Human Relations officer and disseminated throughout the Department, includes relevant actions on age.

(4) The OS Human Relations Office continued to process complaints of discrimination, including counseling and precounseling, on the basis of age.

(5) Age is one of the continuing factors in the selection of human relations coordinators and counselors in the OS/ODO.

(6) Community relations activities included meetings, forums, and lectures intended to enhance outreach efforts concerning age and other human relations-related subjects.

ATTACHMENT C

Memorandum to: Staff Assistant, Policy, Budget and Administration.
From: Personnel Officer, Office of the Secretary.
Subject: Report on development in aging, 1983.

The Division of Personnel Services is pleased to respond to your request for information for the Senate Special Committee on aging. The Division has no programs which are specifically aimed at the aging, but adheres strictly to all laws and regulations regarding nondiscrimination. The elderly are provided equal access in all promotion and outreach activities. During fiscal year 1983, the Division took the opportunity to reemploy two annuitants who were still able to make valuable contributions to the mission of the Division on a short-term basis. In all aspects, we believe our internal policies are in conformance with section 3307 of title 5, United States Code.

ATTACHMENT D

Memorandum to: Staff Assistant, Policy, Budget and Administration.
From: Assistant Director, Financial Assistance Programs, Office for Equal Opportunity.
Subject: Report on developments in aging, 1983.

In response to your memorandum of November 14, 1983, subject as above, the following actions detail our activities pertaining to problems and opportunities of older people.

We continue to await word from the Department of Health and Human Services (HHS) as to when we may publish in the Federal Register, Interior's final rule for enforcement of the Age Discrimination Act of 1975. The act prohibits discrimination on the basis of age in programs and activities receiving Federal financial assistance. At the time of last year's report, we had been requested by HHS to not publish our final rule until they had resolved a dispute with the Office of Management and Budget (OBM) concerning the rule's self-evaluation requirement.

In a letter dated May 17, 1983, HHS informed us that the dispute with OMB had been resolved. However, HHS has been sued, along with OMB, by several advocacy organizations for the elderly. The primary concern of the suit is the desire for swift adoption of individual agency regulations to enforce the act. Until such time that the suit against HHS and OMB has been resolved, HHS will not approve Interior's final regulations which were submitted to HHS on January 3, 1980. Once this rule has been published, we will be able to apply the provisions of the act to Interior's Federal financial assistance programs.

We have and are still making informational materials available to recipients which state the nondiscrimination policy of the Department, i.e., that all financially assisted programs must be operated free of discrimination, including discrimination on the basis of age. These materials, a poster and brochure, have been widely disseminated and are still being requested in large numbers by recipients.

A complaint alleging discrimination on the basis of age which was filed with us during fiscal year 1982, is still pending. The complaint alleged discrimination against a recipient of Federal financial assistance from this Department. To date, we are still attempting to settle the complaint with the recipient.

We have devoted a significant amount of time to discussing with recipients ways to make their programs accessible to the handicapped. Recipients have been encouraged to utilize methods and equipment such as ramps for the wheelchair bound, audiovisual materials for the hearing impaired and large print materials or readers for the visually impaired. Since a large percentage of the aging population of this country experience many of these disabilities, these types of accommodations will succeed in making recipient programs more accessible and enjoyable for aging Americans.

We will continue our efforts to insure that aging Americans have an opportunity to participate freely in State and local programs that have received financial assistance from the Department. If we may be of further assistance, please let us know.

ATTACHMENT E

Memorandum to: Dr. Andy Adams, Staff Assistant, Policy, Budget and Administration.
From: Director, Office of Youth Programs.
Subject: Report on developments on aging, 1983.

This is in response to your November 14, 1983, memorandum which requested information in regard to the Office of Youth Programs activities in respect to the aging conducted in 1983.

In general, the Office of Youth Programs' special emphasis through the Job Corps Civilian Conservation Centers is directed toward the development of young adults of out Nation through education, vocational training, and useful work experiences.

At the Department of the Interior, these efforts are directed chiefly toward the conservation of out natural resources.

However, the following examples are provided as indications of the extent our Job Corps Centers support aging concerns:

(1) Through our vocational skills training programs, constructed a community park facility for the residents of Grand Juction, Colo. Constructed senior citizens parks in Cascade Reservoir and Parma, Idaho, constructed facility additions and rehabilitation work for senior citizens centers in Othella, Soap Lake, and Moses Lake, Wash. Supplies and materials for all of these projects were provided by cities and senior citizens groups, with the construction labor performed by Job Corps members. The approximate value of these projects was $83,000.

(2) Many Job Corps Centers have utilized senior citizens volunteer members as participants in the center's big brothers program, members of the community relations program, tutoring, and clerical support.

(3) One center has employed two senior citizens through the "Green Thumb" program.

The Office of Youth Programs will continue our efforts to be responsive to the needs of the aging.

ATTACHMENT F

Memorandum to: Andy Adams, Staff Assistant, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Director, Bureau of Mines.
Subject: Report on developments in aging, 1983.

In response to your memorandum dated November 14, 1983, the following annual report on "Developments in Aging" is submitted for fiscal year 1983.

As a scientific organization, the Bureau of Mines values the technical expertise that usually typifies the person who has had long and extensive experience in research, analysis, development, assessment, and related activities. The Bureau utilizes highly specialized technical and scientific expertise of senior individuals through the reemployment of annuitants, advisory committee memberships, and faculty member appointments.

The Bureau of Mines internal and external employment policies have been reviewed; no evidence of age discrimination was found. Individual retirement counseling is available for interested employees. The personnel staff provides advice, counsel, and assistance to all employees, including senior employees, regarding their needs.

ATTACHMENT G

Memorandum to: Dr. Andy Adams, Staff Assistant, Policy, Budget and Administration.
From: Acting Chief, Division of Personnel Management.
Subject: Report on developments in aging, 1983.

In response to your memorandum of November 14, 1983, we are attaching the subject report for the Bureau of Reclamation. If we can be of any further assistance, please let us know.

Attachment.

BUREAU OF RECLAMATION REPORT ON DEVELOPMENTS IN AGING, 1983

The Bureau of Reclamation shall continue in its efforts to support those programs which provide meaningful opportunities for older Americans, particularly in the areas of employment and recreation.

In employment, the Bureau stresses equality for all applicants and employees. Almost all vacancy announcements are open to all qualified individuals, regardless of age. The Bureau employs older persons in a broad spectrum of occupations. We utilize retired individuals in consultant roles, as members of boards and commissions, and as reemployment annuitants in a variety of technical, scientific, or administrative professions. Also, the Bureau, through its citizen's award program, has recognized several senior citizens for their contribution to the Reclamation program.

At Reclamation projects throughout the 17 Western States, we shall continue in our efforts to make Bureau facilities more accessible to handicapped individuals, including those who are senior citizens. Facilities are being designed or modified where possible to accommodate Bureau employees or other citizens with physical impairments.

Recreation opportunities are also available at Bureau facilities for water-oriented activities such as fishing, boating, and camping which traditionally attract retired citizens and other older Americans.

The Bureau of Reclamation has national responsibility for administering the water resource programs in the 17 Western States and we shall remain committed to providing equality and beneficial opportunities to all citizens, including the growing senior citizen population.

ATTACHMENT H

Memorandum to: Dr. Andy Adams, Staff Assistant, Policy, Budget and Administration.

From: Director, Office of Surface Mining.

Subject: Report on developments in aging, 1983.

Reference is made to your memorandum dated November 14, 1983, subject above.

Attached is the Office of Surface Mining report on "Developments in Aging" for fiscal year 1983.

Attachment.

OFFICE OF SURFACE MINING

The Office of Surface Mining (OSM) has no programs which are exclusively oriented toward older citizens

Managers have been encouraged to give impartial consideration to applications from older citizens, along with restructuring full-time positions in order that older citizens might fill these positions on a part-time basis.

Consistent with OSM's policy of nondiscrimination, older citizens are provided equal access to employment opportunities. All grant recipients are advised of the requirement to prominently post information regarding equal access and opportunity.

ATTACHMENT I

Memorandum to: Dr. Andy Adams, Staff Assistant, Policy, Budget and Administration.

From: Acting Deputy Assistant Secretary—Indian Affairs (Operations).

Subject: Report on developments in aging, 1983.

Although the Bureau of Indian Affairs does not receive a specific appropriation for assistance programs exclusively aimed at aged residents of Indian reservations, older Indian are beneficiaries of a range of Bureau sevices, including social services, housing services, law enforcement services, and Indian education programs.

Indian tribes wishing to administer special programs for tribal elders normally look to the Administration on Aging, Department of Health and Human Services, for grant funds to operate such programs. Title VI of the Older Americans Act is designed specifically to assist Indian tribes in providing services to older American Indians. Numerous tribes in all parts of the country are presently administering title VI programs.

The Bureau's Division of Social Services administers a program of financial assistance to eligible Indian people, one pertinent component of which is custodial care for adults. Custodial care in essentially nonmedical care and protection provided to an eligible client when, due to age, infirmity, physical, or mental impairment, that client requires care from others in his or her daily living. This care may be provided in the most appropriate nonmedical setting, including the client's home, an institution, or other group care setting.

The Bureau also requests an annual appropriation of funds for social services administration, i.e., "all other social services." These particular funds are utilized to:

(a) Administer the grant assistance program, (b) provide counseling services to social services clientele, and (c) assist tribes in development of social services programs. It is the Bureau's position that this appropriation for social services administration, i.e., "all other social services," provides budgetary authority to assist tribes to develop aging services programs. In this latter regard, the tribes may "band" or prioritize Bureau social services administration funds at the agency or tribal level so that these funds may be utilized for aging services program development. This "banding" or prioritization procedure would essentially result in the tribe shifting available funds from a low priority activity to a higher prioritized activity. The procedure does not provide additional money, but merely shifts money from one use to another.

ATTACHMENT J

Memorandum to: Staff Assistant, Policy, Budget, and Administration.
From: Assistant Director for Administration, Minerals Management Service.
Subject: Report on developments in aging, 1983.

Although the Minerals Management Service (MMS) has no mission-related programs which are designed to meet the needs of older Americans, we believe our current personnel management program does address the needs of older MMS employees and applicants for employment. Further, as a recently formed organization, we are pleased to have a fresh opportunity to institute personnel programs and policies which can address the needs of older persons and assure the full continuing use of their expertise by the MMS.

With respect to current personnel programs, every effort is made to assure fair consideration, including no discrimination based on age, for all employment or training opportunities. Vacancy announcements and other similar notices concerning MMS personnel programs and activities include, as appropriate, a notice of nondiscrimination. Further, we have inspected the facilities occupied by the MMS, and we have determined that there are no barriers which would discriminate against handicapped or older persons. We have reviewed our policies as they relate to older persons and find no policies which illegally discriminate based on age. The results of the MMS's efforts to assure equal opportunity for older persons, and to continue using their expertise is evidenced by the number of reemployed annuitants and the number of older persons employed by the MMS. As of November 12, 1983, the MMS had 37 annuitants on the employment rolls. Further, 84 of our employees are 60 years of age or older and 3 are over 70 years of age.

With respect to the future, it is our intent to make full and effective use of the expertise of older persons through the reemployment of annuitants and other appropriate means.

In the area of employee counseling, including retirement counseling, we intend to assure that supervisors and personnel specialists are sensitive to the needs of older employees, and we intend to continue to review our policies and inspect our facilities to assure that there is no discrimination against older persons.

In conclusion, the MMS is committed to providing equal opportunities for all Americans and we recognize the special contribution older persons can make to our society.

ATTACHMENT K

Memorandum to: Dr. Andy Adams, Staff Assistant, Policy, Budget and Administration.
From Acting Director, U.S. Fish and Wildlife Service.
Subject: Report on development in aging, 1983.

Attached is the Fish and Wildlife Service report on developments in aging, 1983. Please direct any questions concerning the report to Norma Opgrand, Office of Public Use Management, 653-2220.

Attachment.

REPORT ON DEVELOPMENTS ON AGING, 1983

The Fish and Wildlife Service (FES) administers over 480 wildlife refuges and fish hatcheries where the elderly have an opportunity to participate in numerous recreational opportunities such as bird watching, wildlife photography, fishing, camping, swimming, and clam digging.

The Service continues to improve the facilities on field stations to provide easy and safe access to the buildings, grounds, trails, and boardwalks that are open to the elderly. Examples of those improvements include convenient, close-in parking spaces to avoid long walks, modified curbs to provide access to sidewalks and walkways, ramps, lowered telephones for ease of use, handrails and rest benches, widened entrances to restrooms, and signs redesigned with larger print and contrasting colors to enable the elderly to easily read the signs.

Over 1,100 elderly and handicapped individuals utilized the facilities at the National Fisheries Center, Leetown, W. Va., in fiscal year 1983. The extended walkways and platforms into the fishing ponds at the center provided the elderly with easy access and maneuverability while fishing.

During fiscal year 1983 over 100 elderly people participated in the FWS volunteer program. The Service volunteer program coordinator is actively working with the American Association of Retired People (AARP) to increase the number of older Americans in this volunteer program. The volunteer coordinator will submit an article to the AARP magazine, Modern maturity, describing the FWS volunteer program in an effort to encourage more retired people to become volunteers in the FWS.

The Golden Age Passport for individuals over age 65 continues to be widely used by the elderly. This passport enables senior citizens to purchase items such as books and pamphlets, that are sold at the national wildlife refuge visitor centers, for 50 percent of the retail cost.

Special tours are offered by many wildlife refuges for nursing home residents and other retired people. Some refuges provide transportation for the elderly when there are activities at the refuge that are of special interest to older Americans.

The Service recognizes the value of older employees. Personnel management practices include a strict adherence to nondiscriminatory hiring and job retention. Currently the Service employs two individuals over the age of 80 and 15 individuals over the age of 70. Nine employees have over 40 years of service and 156 employees have over 30 years of service. The Service employs 80 individuals who are reemployed annuitants.

ATTACHMENT L

Memorandum to: Staff Assistant, Policy, Budget and Administration.
From: Deputy Director, Bureau of Land Management.
Subject: Report on developments in aging, 1983.

This is in response to your memorandum of November 14, 1983, requesting a report on Bureau activities for the aging in 1983. The volunteers program and senior community service program are two programs in BLM which have sucessfully utilized the services of older persons. Their activities are described below.

VOLUNTEERS PROGRAM

During 1983, BLM managers continued to give special attention to inviting and making good use of the services of older persons as part of the Bureau's program for recruiting volunteers of all ages.

The Bureau's policy is to seek out and invite volunteers to assist field managers in a wide range of natural-resources management activities including service to recreational visitors throughout the Western public lands managed by BLM.

For instance, during the year:

—BLM's sucess in attracting older (55 and above) volunteers nearly doubled, over 1982, and the percentage of older volunteers with BLM increased—from less than 8 percent to more than 12 percent. Overall, BLM utilized nearly 3,000 volunteers during the year.

-The older volunteers' work included serving as "campground hosts" (assisting in management of campgrounds) and improving and maintaining trails, river shorelines, and other recreational areas; improving fish and wildlife habitat, protecting and identifying Indian rock-art sites and other archeological and historic areas, and working on soil and water conservation, and forest and range improvement projects.

—In BLM's California Desert District, a group of volunteers led by an "over-55" desert history buff and with a high proportion of senior members, restored a 120-year-old wagon route across the Mojave Desert for use as a 20th century recreational trail. The 400-member group, known as Friends of the Mojave Road, first identified the 130-mile-long east-west route, then marked its track with rock cairns and restored it so it can be enjoyed by hikers or visitors in four-wheel-drive vehicles, and finally published a map and guidebook to the route's unparalleled desert natural attractions as it traverses the East Mojave National Scenic Area.

—In the Bureau's Yuma (Arizona) District, dozens of "Snowbirds" served as BLM volunteers during the 1982–83 winter months. Their contributions will benefit visitors to this area for many years. Snowbirds are retired couples, for the most part, who escape the northern snows by migrating to the Southwest, including the lower Colorado River area near Yuma in their motorhouses, campers, and trailers, to enjoy the mild desert winters. When BLM people met with a group of them and asked for assistance in maintaining BLM campgrounds they were using, their response was immediate and positive. Twenty-five of them volunteered to set up crews to maintain campground toilets and other facilities. "Our volunteer agreements with these older folks lasted 6 months without a hitch; their response was heartwarming," a BLM staffer reported. When BLM staff asked for volunteers to assist in building campground "ramadas"—facilities that provide shade and tables—again a flock of Snowbirds responded. Their crew consisted of six regulars plus drop-ins. They poured the concrete, did the carpentry and painting, and operated the heavy equipment. They were on the job 6 to 8 hours a day, put up four big ramadas, and their work was fully professional in every respect. In midwinter the Yuma District had about 50 older volunteers working about 400 hours a week. Last summer BLM's Yuma District staff began receiving postcards from some of "their" Snowbirds, expressing thanks for the satisfaction they had found in their volunteer work, and saying they were looking forward to seeing their BLM friends and doing some more work next winter.

—At BLM's first volunteers program workshop for volunteer coordinators and line managers, the most popular of a series of concurrent discussion groups turned out to be one on "Attracting and Working With Older People." During the workshop BLM officials from a dozen States began planning with a representative of the American Association of Retired Persons (AARP) for cooperative joint projects through which AARP members may serve at BLM areas on future projects of mutual interest. There will be followup local meetings between BLM and AARP representatives and articles in BLM and AARP publications on opportunities for older volunteers to serve both natural resources and people on the public lands.

—At the Bureau's request, the Congress authorized reimbursement of BLM volunteers' out-of-pocket expense incidental to their volunteer service during fiscal year 1984. In requesting this authority (which other Federal land agencies have had for many years) BLM officials emphasized their interest to use it to enable people with limited financial resources to become volunteers for the public lands. We have found that many retirees and other older persons, who have the skills, knowledge, and experience in working with other people that qualify them for particularly useful volunteer assignments with BLM—as well as free time—are simply unable to pay the transportation expenses and other out-of-pocket costs that inevitably are involved in doing volunteer work. Thus, our guidance to field managers for using this new authority emphasizes our intention to enable older citizens, and others with limited means, to serve others through our volunteers program.

SENIOR COMMUNITY SERVICE PROGRAM

During 1983, BLM also expanded its participation in the senior community service employment program (SCSEP). By year's end Bureau field offices in nine States were serving as hosts for 25 such workers—in cooperation with Green Thumb, Inc., the American Association of Retired Persons, and several State government agencies who are among the program's sponsors.

Under the SCSEP program, men and women 55 and older receive on-the-job training to upgrade existing skills or learn new skills as they work up to 20 hours a week at minimum wage. With BLM, these older workers serve as warehousemen, carpenters, clerks, typists, radio, and maintenance shop workers. Without exception, Bureau field managers who have taken part in the program since 1982 consider it successful and want to continue their participation. Many SCSEP workers have worked out so well, the Bureau has hired them as regular employees.

ATTACHMENT M

Memorandum to: Dr. Andy Adams, Staff Assistant, Policy, Budget and Administration.
From: Acting Assistant Secretary, Territorial and International Affairs.
Subject: Annual report on developments in aging.

In answer to your memorandum of November 14, 1982, this office has nothing to add to the 1982 report on Developments in Aging.

Programs for the aged are carried out by the governments of the territories and the constitutional governments within the Trust Territory of the Pacific Islands. Programs carried out by these governments in 1983 have been substantially the same as those in 1982, and the figures regarding participation in those programs can be taken to be approximate.

Attachment.

REPORT ON DEVELOPMENTS IN AGING

The 1982 activities for the elderly for Guam include the following:

(1) On September 3, 1981, at the Conference of the Association of Pacific Basin Chief Executives, the governments of American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and the Federated States of Micronesia, officially incorporated themselves under the name of the "Pacific American Territories on Aging Council" (PATAC). At that conference, a resolution was passed requesting endorsement, support, and commitment from these Pacific governments to PATAC's goals "to assist, formulate, and enhance the voice of the Pacific governments in policies relating to the aging and the aged."

(2) PATAC seeks policy changes on issues concerning health care, housing, and transportation:

> (A) The proposed policy recommendations are "to modify Federal legislation and attendant regulations to improve health care delivery systems so that these systems are more relevant to meet specific needs of our elderly and clearly define the Older Americans Act and applicable regulations to include and support the comprehensive health systems often inadequate or absent in respective areas."
>
> (B) With regard to housing, PATAC "requests that Federal policymakers be more sensitive to the traditional extended family system among Pacific Islanders, and that Island planners be given the option to formualte the best possible programs to meet the elderly's needs and to utilize and maintain the familial cultural ties."
>
> (C) PATAC recommends that "special consideration must be given to develop alternative modes of transportation compatible with the Archipelago of these Pacific Islands."

(3) "PATAC recommends that the Administration on Aging within the U.S. Department of Health and Human Services draft and forward to the U.S. Congress proposed legislation that would amend the Older Americans Act to provide a special provision or introduce a new and separate title for the Pacific Island elderly."

(4) PATAC strongly supports the following solutions regarding funding: "(A) That authorization be granted for utilization of existing funding sources under the act (the Older American Act) to provide constructive program implementation for meaningful and relevant services responsive to Pacific Island needs, (B) that the Administration on Aging establish effective interagency agreements with other national agencies whereby unused funds committed to a program for the elderly in one agency that is not being implemented on the local level may be transferred to another agency which could better utilize existing funding, and (C) that the Pacific Basin Governments identified with PATAC be given priority on the reallotment of Federal funds under the Older Americans Act for use by other State offices on aging."

The Trust Territory of the Pacific Islands (TTPI)

As the termination of the U.N. trusteeship becomes reality, many program responsibilities are being transferred to the three new governments. The need for training of staff in each of the new governments remains an important issue. Consequently, a prime focus in 1982 is the continuation of 1981 program initiatives.

The TTPI is providing the following summary of its programs for the elderly during 1982. With funding from the U.S. Departments of the Interior and Health and Human Services, the Trust Territory Office on Aging (TTOOA), sponsored programs in each of the three governments within the TTPI: The Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia (FSM). In each of these governments, aging program coordinators and elderly advisory counsels have cooperated in assessing the needs of the elderly and delivering services. The interaction of traditional and elected leaders. aging program personnel and the interaction of traditional and elected leaders, aging program personnel and the elderly themselves, resulted in the identification of the concerns of elderly and the development of programs which acknowledged those concerns through supporting existing services and supplying needed resources not currently available.

Employment opportunities were provided for a total of 263 elderly, most of whom worked as cultural teachers. Others contributed to their communities as cooks, carpenters, beautification workers, homemakers, and senior center recreation and program staff. A highlight of the employment program is the increasing focus on the skills of the elderly, evidenced by the overwhelming community support of activities such as the craft fairs in Palau at which the elderly program enrollees showcase their talents. To improve the health and general well-being of the elderly, nutrition programs were sponsored in each of the governments, with new services initiated in Kosrae (FSM), and Ebeye (Marshall Islands). Home-delivered meals were provided to 1,025 homebound elderly. Congregate meals were served in multipurpose senior centers to a total of more than 1,880 who were able to gather for food and fellowship. In the FSM, homes of 173 elderly were renovated in order to provide a safer, healthier, and more comfortable environment for frail elderly. To provide improved comfort, health and independence for more than 2,182 disabled elderly, the geriatric home health program afforded homemaker assistance, rehabilitation therapy, family counseling, health education, and nursing/dental care for appropriate referrals. Transportation and legal services were given to 737 elderly. Information and referrals programs provided improved access to services for 293 elderly.

Commonwealth of the Northern Mariana Islands

I. Program authority and history

The Commonwealth of the Northern Mariana Islands Government became eligible to apply direct funding to operate the various services and activities affecting the elderly as a result of the signing of the covenant to establish a Commonwealth of the Northern Mariana Islands in political union with the United States of America under section 703(a), relative to availability of Federal programs and services and that of the Older Americans Act of 1965, as amended, and other Federal acts affecting the elderly. The followings are the current acts and programs operating in the Commonwealth of the Northern Mariana Islands.

II. Older Americans Act of 1965, as amended

The act provides assistance in the development of new or improved programs to help older persons in the areas of community planning and services, training, research, and development of programs.

III. Programs

Title III B, social services program.—This section of the act provide broad range of services and activities in the areas of transportation, outreach, and information and referral services.

American Samoa

During fiscal year 1982, American Samoa continued to implement fiscal year 1981 aging program initiatives which provided supplemental nutrition through cold and hot meals, transportation for those otherwise unable to absorb the cost involved, provided legal services, health aides, and renovation to homes occupied by elderly people. While the program has been multifaceted, it has been necessarily modest due to the limited resources available to American Samoa. Nevertheless, program accomplishments are considered essential to meet the minimal needs of the eligible people in American Samoa.

Demographic data continually indicates the elderly population in American Samoa is increasing at a rapid rate. Considerable stress is therefore placed on the limited fiscal and human resources, thereby making the critical issues in aging more difficult to address and more complex to resolve.

Economic security: The Territorial Administration on Aging has identified and operated under a primary objective of developing local, State, and Federal policy recommendations affecting the income of elderly Samoans. The diminishing amount of public funds available for financing programs for the elderly has created an urgency in developing equitable distribution methods. Inflation was recognized as the elderly's greatest barrier to attaining economic security, a barrier which is rapidly escalating and creating a situation where poor and middle-income older persons alike are experiencing increasingly greater difficulty in meeting essential needs.

ATTACHMENT N

Memorandum to: Staff Assistant, Policy, Budget and Administration.
From: Director.
Subject: Report on developments in aging, 1983.

The National Park Service has long recognized its responsibility to provide opportunities for all the Nation's citizens to participate in and enjoy the programs provided throughout its system. In 1979, the Service created a new Branch of Special Programs and Populations with specific responsibilities to monitor and coordinate systemwide efforts on behalf of special groups such as disabled and elderly persons. Since that time, considerable action has taken place at the national, regional, and local park levels to fulfill this commitment. A number of our parks have developed specific programs for senior citizens. These programs include special activities such as day camps for seniors, the provision of senior centers, special tours and programs, as well as outreach efforts where park personnel go into convalescent hospitals and nursing homes to present programs usually provided at the park.

At the present time, efforts are being made to increase the numbers of older citizens in the Service's volunteers in the parks program. Another major effort of the National Park Service as it relates to senior citizens is the operation of the Golden Age Passport program. The Golden Age Passport is a free lifetime entrance permit to those parks, monuments, and recreation areas administered by the Federal Government which charge entrance fees, and is issued to citizens or permanent residents of the United States who are 62 years of age or older. It also provides a 50-percent discount on Federal use fees charged for facilities and services such as camping, boat launching, and parking. The Golden Age Passport was originally authorized in 1973 as a 1-year privilege, but was converted to a lifetime passport in 1975. Since that time, over 2.7 million lifetime passports have been issued.

In the past few years, the National Park Service has made increased efforts to make our facilities and programs more accessible to and usable by individuals who have mobility, visual, or hearing impairments. These program modifications have included adaptations for wheelchair users, captioning of some audiovisual programs for the hearing impaired, large type material for persons with visual difficulties, and audio messages for the blind. Since a sizable percentage of the aging population experiences some of these disabilities, these modifications do make the parks more usable for the elderly as well.

In 1984, the National Park Service, in cooperation with the Forest Service, the Bureau of Land Management, the Administration on Aging, and the Bureau of the Census, will release the results of the 1982–83 Nationwide Recreation Survey. Among other findings, information on the aging population's outdoor recreation pursuits, preferences, constraints, and concerns will be distributed to park, recreation, and aging services professionals in and out of government. Also available will be an examination of the role of clubs and organizations in providing recreation opportunities for senior citizens, and of the function of the elderly in transmitting outdoor skills to succeeding generations.

Pursuant to the Land and Water Conservation Fund Act, the National Park Service provides technical and financial assistance to the States for the development and implementation of State Comprehensive Outdoor Recreation Plans (SCORP's). A major function of such plans is to assure that the outdoor recreation needs of the aging and other special populations are adequately addressed by recreation providers in the public and private sectors.

The two grant programs, the land and water conservation fund and the urban park and recreation recovery program, require States and communities participating to examine the recreation needs of senior citizens as part of their overall recreation planning and program development. Many facilities build or rehabilitated have provided access for senior citizens. The urban park program has given special priority, through the program's innovation grants, to projects providing programs to special populations including senior citizens.

The National Park Service is proud of its accomplishments and is committed to continued efforts in providing opportunities for all Americans.

ATTACHMENT O

Memorandum to: Staff Assistant, Policy, Budget and Administration.
From: Acting Director, Geological Survey.
Subject: Report on developments in aging, 1983.

The Geological Survey has a strong and ongoing commitment to utilize the knowledge and scientific expertise of its older employees. In response to your request for information concerning activities in the Survey which focus on opportunities for older people, we are pleased to provide a review of our activities and services for the elderly.

The Geological Survey has no specific programs directed exclusively toward the aging. Instead, we prefer to accept the impact of aging by directing our efforts toward the recognition and utilization of the talents of older workers. Appropriate annual ceremonies are held to honor the meritorious service and special achievements of all employees, and provide awards for length of service. Much of this effort to recognize employees and their contributions to the agency involves older employees. Since our last annual report, 156 employees have received 30-year service awards, and 34 employees have received 40-year service awards. This demonstrates the Survey's dependence upon the skills and abilities of its older employees, and shows the employees' willingness to remain in a working environment that continues to allow them to make a positive contribution to agency programs. Such achievements are a personal measure of the productive career development of many of our older employees.

Because of the continuing demand for scientific excellence in many of the Survey's operating programs, there is a strong need for the appointment and retention of experienced and creative employees. The Survey continues to practice sound and effective personnel management policies with respect to age discrimination, in particular, and constantly strives to assure fair and equitable employment consideration for all candidates, regardless of age.

The Geological Survey is particularly proud of the fact that over 300 of its employees are reemployed annuitants. Real strength is derived from using the experience and knowledge of such employees, because their abilities are based upon years of research and personal development. As a scientific agency, we believe the necessary foundation for a comprehensive study of the Earth's past, coupled with a successful and ongoing search for its future resources, lies in employees whose careers are in a state of growth and developing maturity. The former Directors, Assistant Directors, Division Chiefs, and many other older members of our staff are working here because they have no desire to stop the challenging growth and development of their careers. Concurrently, the Survey continues to provide sincere interest in and support of their scientific endeavors. The expertise which older workers possess is a valuable fund from which younger employees can draw enrichment.

During the past year, we transmitted a request to our operating divisions to inform their retirees and prospective retirees of the need for and possibilites of volunteer service with the Peace Corps to further America's relations with developing countries. We do not have a record of the actual response among older employees, but we were pleased that our retired employee groups felt this was important enough to include in their newsletters.

Our retired employee organizations, while operating on an informal, unofficial basis, have proven to be a strong and positive manifestation of interest and concern for one another and the Survey. Sponsored by their former operating divisions, the activities these groups initiate allow retirees to maintain contacts with their professional colleagues and continue to support activities of mutual interest in the Earth sciences. Many retirees are continuing their scientific research and exploration on individual projects, and are often called upon by the scientific community to present their findings at professional meetings.

In addition to reports on reunions, parties, picnics, travel, and retirement plans, these newsletters serve as valuable points of contact to keep retirees informed of professional activities. The influence of these publications is far reaching and difficult to measure. Several of these publications, for example, have circulations of 600 or more.

The retiree organizations are valuable to the Survey for the good will they create and because they serve as collective resources for use by the general scientific community, as well as by the Survey. Many retirees make themselves available to serve as lecturers in local colleges and high schools. One retiree, for example, was recently called upon to substitute on the faculty of the University of Maryland, on an emergency basis, because of the loss of a regular faculty member. Others make themselves available to return as volunteers to lead tour groups through our National Center in Reston, Va. The Director of the Survey also uses the expertise of older employees and retirees as consultative sources for valuable information needed to make decisions on the operation of the agency. All of this, we believe, demonstrates the high level of regard and trust in which the Survey holds it older employees and retirees.

The Geological Survey continues to be very proud of all of its employees, and considers those of a more mature age to be particularly valuable to the past success of our mission. Because of our trust in their abilities and the depth of their scientific achievements, we intend to continue to rely upon our older workers and retirees, and continue to ask them to apply their knowledge and skills to help the Survey meet the technical and scientific responsibilities assigned to us by the Nation.

In summary, it is the ongoing policy of the Geological Survey to view the contributions of older employees and retirees as a positive and valuable resource to be depended upon and used effectively to advance the world's knowledge of the earth sciences.

ITEM 9. DEPARTMENT OF JUSTICE

DECEMBER 13, 1983.

DEAR MR. CHAIRMAN: In response to your request to the Department of Justice, I am pleased to present the Justice System Improvement Act Agencies' submission for the 1983 edition of "Developments in Aging."

The JSIA Agencies are particularly concerned about the problem of fear of crime among our elderly citizens. Nowhere is our society's reaction to the fear of crime more apparent than among the aging. This is true, in part, because the elderly are actuely aware of both their vulnerability and of the devastating impact even a so-called "minor" crime may have on their lives. In addition, elderly crime victims are all too often treated within the criminal justice system with the same insensitivity that abounds elsewhere in our society.

Through the various initiatives detailed in the enclosed report, the JSIA Agencies are working to collect information about these elderly crime victims, improve criminal justice services for them, and help make their communities less frightening and safer places to live.

Thank you for your interest in the programs of the Justice System Improvement Act Agencies. If I can be of further help, please let me know.

Sincerely,

LOIS H. HERRINGTON,
Assistant Attorney General.

Enclosure.

JUSTICE SYSTEM IMPROVEMENT ACT AGENCIES

The Justice System Improvement Act Agencies include four agencies within the Department of Justice coordinated by an Assistant Attorney General. Their mission is to help State and local governments improve the administration of their criminal and juvenile justice systems, conduct research in criminal and juvenile justice, and compile and disseminate criminal and juvenile justice statistics. These agencies are: The Office of Justice Assistance, Research, and Statistics (OJARS); the National Institute of Justice (NIJ); the Bureau of Justice Statistics (BJS); and the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

The following are the activities of the agencies on behalf of older Americans.

OFFICE FOR VICTIMS OF CRIME

The OJARS Office for Victims of Crime was created in July 1983, by Assistant Attorney General Lois Herrington to implement the recommendations of the President's Task Force on Victims of Crime. The task force was created in April 1982 to report to the President on the problems of crime victims. It found that elderly crime victims were likely to suffer the most from their experience. Elderly victims are seldom able to absorb the economic loss from a crime without tremendous hardship. To an elderly crime victim, this can mean that he or she is unable, at least temporarily, to buy food or pay the rent. All too often, the task force found, elderly crime victims become more fearful, isolated, and alone as trips outside the home are reduced.

The task force also found that elderly crime victims are often the most poorly treated client of the criminal justice system. Elderly victims afflicted with any of the infirmities of the aging process—slow of speech, hard of hearing, or impaired vision—are often discounted as witnesses as police, judges, and lawyers fail to distinguish between mental capacity and physical infirmity.

The task force proposed a host of recommendations for Federal, State, and local government and to her organizations to improve the treatment of crime victims. In implementing these recommendations, the priority interests of the Office for Victims of Crime include:

—Training of law enforcement personnel. The office is working on guidelines on dealing with crime victims for police officers, sheriff's deputies, prosecutors, judges, defense lawyers, and others. Sensitivity to the particular needs of older crime victims will be emphasized.

—Model legislation. The President's Task Force on Victims of Crime outlined 12 recommendations to be incorporated into potential model legislation, including legislation to protect against the disclosure of victims' addresses; require victim impact statements at sentencing; provide for the protection of victims; and develop and implement guidelines for the fair treatment of crime victims and witnesses. The office is working to establish guidelines in these areas.

—National Resource Center for Victims of Crime. The office is working to establish a clearinghouse for information concerning victim/witness assistance, victim compensation programs, and organizations that provide services for crime victims and witnesses.

Data is being collected on existing programs and projects that assist crime victims and witnesses as part of the process to establish the center. The center will serve as a liaison and provide coordination between national, State, local, and private sector organizations that work to improve services for victims and witnesses. In addition, it will monitor the status of compensation programs and victim/witness legislation and maintain a directory of State, local, and private sector programs and experts in the field to facilitate communication and the transfer of expertise in the area of victim services. The center will provide assistance to groups seeking to improve or implement programs to help victims.

ATTORNEY GENERAL'S TASK FORCE ON FAMILY VIOLENCE

OJARS is providing financial, administrative, and staff support for the Task Force on Family Violence, which was created by Attorney General William French Smith in September 1983, to advise him on specific steps that can be taken to improve services to the victims of family violence. Creation of such a task force was called for by the President's Task Force on Victims of Crime.

The Attorney General's Task Force on Family Violence is examining the problem of family violence, especially the mistreatment of the elderly and spouse and child abuse. It also is exploring the role of the Department of Justice and other Federal agencies in providing aid to family violence victims and coordinating government and other resources. After holding hearings in six cities in late 1983 and early 1984, the task force will present its report to the Attorney General.

It is expected that the hearings will stimulate public awareness of the problem of family violence and that the findings and recommendations of the task force will provide useful information to policymakers in drafting legislation or establishing programs or policies to combat the problem and improve services to victims.

CRIME AGAINST THE ELDERLY

Data gathered by the Bureau of Justice Statistics' National Crime Survey show the rates of crime against the elderly are comparatively low. However, BJS reports that the elderly are more susceptible to crime that is motivated by economic gain, such as muggings, purse snatchings, and wallet snatchings. Although these crimes may not be violent, they may cause considerable fear in victims. For example, when a purse is snatched or a pocket picked, the direct contact with the offender may be very frightening even though it results in no physical injury. And the economic loss involved may be particularly damaging to a person who is living on a fixed income.

Other data collected by the Bureau show that:

—In 82 percent of crimes of violence against the elderly the offender is a stranger, compared to 66 percent among the victims in the general population.

—About 12 percent of the crimes against persons 65 years old or more result in hospitalization.

—The yearly average crime victimization rate for all violent crimes is 37 per 1,000 for people under 65 years old. For people 65 years old and more it is 8 per 1,000.

REDUCING THE FEAR OF CRIME

National Institute of Justice studies have shown that good architectural and environmental design can greatly increase the inherent physical security of communities in which people live. With this information, communities in which elderly people live in large numbers could be designed to give the senior citizen a greater sense of well-being.

The Institute is currently conducting an experimental program in Newark, N.J., and Houston, Tex., designed to reduce the fear of crime in inner-city neighborhoods, preserve commercial vitality in these areas, and, possibly, have an effect on the crime rate itself. Results of the experiment are expected in late 1984.

FOSTER GRANDPARENTS

The Office of Juvenile Justice and Delinquency Prevention is jointly supporting with ACTION a unique juvenile delinquency prevention project involving volunteers in the foster grandparents program. Under the program, volunteer "grandparents" are assigned two delinquent youths whom they see 2 hours a day, 5 days a week. The foster grandparents offer counseling and guidance, help with schoolwork, take the youths on field trips, and generally provide moral support. The program not only helps the delinquent youths, but also the senior citizen volunteer—many of whom feel they have nothing to do after retirement and sense a loss of direction in their lives.

CRIME PREVENTION

OJARS supports the National Citizens' Crime Prevention Campaign, which seeks to promote citizen participation in crime prevention activities and provides information—through public service advertising and published materials—on how citizens can protect themselves from crime. The campaign features the floppy-eared dog named McGruff who urges the public to help "Take a Bite Out of Crime" by participating in neighborhood block watches, citizen patrols, escort services, and other activities and by taking simple precautions. For example, these tips are offered to senior citizens:

—Have social security or retirement checks sent directly to your checking or savings account.

—Ask a friend to go with you when you go out. Some communities have "Dial-a-Ride" minibuses especially for senior citizens who would otherwise have to travel alone.

—Never trust strangers or casual acquaintances who tell you how you can "get rich quick" or who ask you to give them large sums of money, even for what seem to be good reasons. Don't be taken in by their warmth or friendliness—you may never see you money again.

The campaign publishes a number of informational booklets, including "Senior Citizens Against Crime." The booklets and additional information about the Campaign can be obtained by writing McGruff, Box 6000, Rockville, Md. 20850.

PUBLICATIONS

The JSIA Agencies have produced a number of publications relating to crimes against the elderly and programs to combat these crimes. Some of these are: "Crime Against the Elderly in 26 Cities"; "Crime and the Elderly"; "Crime Prevention Handbook for Senior Citizens"; "Crime Prevention Through Environmental Design"; Crime Victim Compensation; and "Criminal Justice and the Elderly": "Selected Bibliograph." Copies of these publications are available from the National Criminal Justice Reference Service, Box 6000, Rockville, Md., 20850.

ITEM 10. DEPARTMENT OF LABOR

February 2, 1984.

Dear Mr. Chairman: Enclosed is a summary of the programs and activities of the Department of Labor for 1983 related to aging.

Described in the report are programs administered by the Employment and Training Administration, the Employment Standards Administration, and the pension and welfare benefits program.

I trust this information will be of assistance to you in preparing your report, "Developments in Aging."

Sincerely,

RAYMOND J. DONOVAN, *Secretary.*

Enclosure.

EMPLOYMENT AND TRAINING ADMINISTRATION PROGRAMS

INTRODUCTION

The Department of Labor's Employment and Training Administration provided a variety of training, employment, and related services for the Nation's older citizens during the past year through the following programs and activities: The senior community service employment program (SCSEP); programs authorized under the Comprehensive Employment and Training Act (CETA);[1] the Federal-State employment service system; and research efforts.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The senior community service employment program (SCSEP), authorized by title V of the Older Americans Act, offers subsidized part-time employment to low-income persons age 55 and over. Program participants work an average of 20 hours per week in schools, hospitals, senior citizen centers and in projects concerned with home health care, fire prevention and beautification. SCSEP participants also receive personal and employment-related counseling, job training, referral to unsubsidized jobs and yearly physical examinations.

In fiscal year 1982, a total of 54,200 participants were served by the SCSEP at a cost of $277.1 million. Table 1 shows SCSEP funding, enrollment, and participant characteristics for fiscal 1982.

TABLE 1.—*Senior community service employment program: Funding, enrollment, and participation characteristics—fiscal year 1982*

Funding	$277,100,000
Enrollment:	
Authorized positions established	54,200
Unsubsidized placements	10,568
Characteristics (percent):	
Sex:	
Male	34
Female	66
Educational Status:	
8th grade and less	33
9–11	22
High school graduate or equivalent	30
1–3 years of college	11
4 years of college or more	4
Veteran	13
Ethnic group:	
White	67
Black	21
Hispanic	7
American Indian/Alaskan Native	2
Asian/Pacific Islands	3
Economically disadvantaged	100
Poverty level or less	81
Age:	
55–59	23
60–64	29
65–69	23
70–74	16
75 and over	9

Source: U.S. Department of Labor, Employment and Training Administration.

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[1] The Comprehensive Employment and Training Act (CETA) was phased out in 1983 and activities under the new Job Training Partnership Act (JTPA) were initiated throughout the year. The JTPA program became fully operational on Oct. 1, 1983.

COMPREHENSIVE EMPLOYMENT AND TRAINING ACT (CETA) PROGRAMS

Fiscal 1983 was a year of transition in which programs authorized by the CETA were phased out and the programs authorized by the new Job Training Partnership Act (JTPA) were phased into operation. The JTPA programs became fully operational on October 1, 1983.

The JTPA differs from previous CETA programs in the following ways:

—The new act concentrates on training, rather than income maintenance.

—JTPA targets resources on those who need and can benefit from training.

—JTPA emphasizes services that are essential to increasing skills and competencies, reducing administrative and other nontraining activities to a minimum.

—The new act involves private sector employers in every phase of program planning, administration, monitoring, and assessment.

—JTPA establishes a new delivery system involving a partnership between state and local governments and, at the local level, between locally elected officials and the business community.

—JTPA substantially increases the State role in overall program management and monitoring, with a corresponding reduction in the role of the Federal Government; and

—The new act introduces performance standards which measure participants' increased employment and earnings and reduced welfare dependency.

The act makes training services available to eligible older workers through the basic grant programs for training services for the dislocated workers. In addition, three percent of each State's grant for the disadvantaged worker training program is available for training older workers for employment opportunities in private businesses.

CETA Consolidated Grants [2]

Although CETA programs were phased out in fiscal 1983, CETA continued to provide activities and services for persons of all age groups over the year—including services to older Americans.

Under CETA, participants were provided with work and training services such as institutional and on-the-job training, work experience, job search assistance and supportive services. Table 2 shows the estimated numbers of persons 45 years old and over who participated in regular CETA programs and in the private sector initiative program in fiscal 1983.

TABLE 2.—CETA ENROLLMENT ESTIMATES,[1] FISCAL YEAR 1983 (CONSOLIDATED GRANTS)

Item	CETA grants: Previous titles II–B/C, IV–A, and VII	
	Number served	Percent
Total participants	1,053,100	100
45 to 54 years	42,200	4.0
55 and over	18,900	1.8

[1] Based on actual data through June 30, 1983, and projections for the fourth quarter.

Source: U.S. Department of Labor, Employment and Training Administration.

CETA SECTION 308

Section 308 of CETA authorized programs to facilitate increased labor force participation of low-income persons aged 55 and over. Late in fiscal 1982, the Department awarded two demonstration grants to the CETA Private Industry Council sponsors in Broward County, Fla. and San Diego, Calif. These projects, completed in fiscal 1983, permitted the sponsors to undertake special efforts for low-income persons age 55 and over. The projects included such activities as multi-media campaigns, employer seminars, and individual training and employment efforts for older workers.

Promotional materials generated by the projects have been provided to JTPA program operators for their use in undertaking activities to serve older workers.

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[2] Previously, titles II–B/C, IV/A, and VII.

THE FEDERAL-STATE EMPLOYMENT SERVICE SYSTEM

The national network of public employment service local offices offers employment assistance to all jobseekers, including middle-aged and older jobseekers. Services include job placement, employment counseling, occupational testing, job development, job search assistance, labor market information and referral to training and employment programs administered by State and local governments.

As of June 30, 1983 (latest available data), State employment service agencies placed about 309,600 individuals age 40 and over in jobs (40 percent of all older workers referred to job openings by the Employment Service). In addition, about 38,200 older individuals were placed as the result of job development efforts, representing about 12 percent of all applicants age 40 and over placed in jobs. About 9 percent of all older applicants were referred to other agencies for services to enhance their employability. Table 3 shows details of employment service activities to assist older workers through the third quarter of 1983.

TABLE 3.—EMPLOYMENT SERVICE ACTIVITIES TO ASSIST OLDER WORKERS, FISCAL YEAR 1983 (THROUGH JUNE 30, 1983)

Services provided by State employment service agencies	Individuals served		
	Total	Age 40 and over	Age 55 and over
New applicants and renewals	12,117,585	2,558,207	700,539
Individuals referred to job openings	4,565,008	778,562	185,259
Individuals placed in a job	2,038,406	309,635	76,186
Individuals counseled	504,501	107,793	27,026
Individuals placed after counseling	93,102	15,071	3,345
Individuals tested [1]	394,799	59,304	9,346
Individuals referred to supportive services	829,815	228,462	69,756

[1] Aptitude, proficiency and other testing.

Source: U.S. Department of Labor, Employment and Training Administration.

RESEARCH

In fiscal year 1983, a study was completed, based on one of a series of ongoing National Longitudinal Surveys, which examined the movement of a national sample of older men into retirement.[3] The analysis focused on their reasons for retirement, their post-retirement labor market activity, income and satisfaction with retirement.

In addition, a series of research studies on older workers, jointly sponsored by the Employment and Training Administration and the National Commission for Employment Policy, were issued during the year. The reports are:

"Estimated Effects of 1983 Changes in Employer Health Plan Medicare Payment Provisions on Employer Costs and Employment of Older Workers," Joseph M. Anderson et al., ICF, Inc.

"Age, Productivity, and Earnings: A Case Study of a High Tech Firm," Paul J. Andrisani and Thomas N. Daymont, Center for Labor and Human Studies, Temple University.

"Sources of Labor Market Problems of Older Persons Who Are Also Women, Handciapped, and/or Members of Minority Groups," Robert L. Clark, North Carolina State University.

"Restructuring Social Security: How Will Retirement Ages Respond?" Gary S. Fields and Olivia S. Mitchell, Cornell Univeristy.

"Emerging State and Local Roles in Developing Options for Older Workers: Practice and Potential," James O. Gollub, SRI International.

"Older Workers' Responses to Job Displacement and the Assistance Provided by the Employment Service," Terry R. Johnson et al., SRI International.

"Older Workers in the Market for Part-Time Employment," James M. Jondrow et al., the Public Research Institute.

"Retirement and Older Americans' Participation in Volunteer Activities," Carol L. Jusenius, National Commission for Employment Policy.

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[3] "From Work to Retirement: The Experience of a National Sample of Men," Center for Human Resource REsearch, Ohio State University, February 1983.

"Multiple Liability? A Survey and Synthesis of Research Literature Pertaining to Labor Market Problems of Selected Goups of Older Workers," Andrew I. Kohen, James Madison University.

"A Human Resource Management Perspective on Work Alternatives for Older Americans," Carolyn E. Paul, Andrus Gerontology Center, University of Southern California.

"Coordination and Cooperation Between SCSEP and CETA Operations," Cilla J. Reesman, Kalman Rupp, Richard E. Mantovani, Westat, Inc.

"Innovative Employment Practices for Older Americans," Lawrence S. Root and Laura H. Zarrugh, Institute of Gerontology, University of Michigan.

"Eligibility and Participation Rates of Older Workers in Employment and Training Programs," Kalman et al., Westat, Inc.

"Factors Affecting the Participation of Older Americans in Employment and Training Programs," Kalman Rupp et al., Westat, Inc.

"Age Discrimination and Labor Market Problems of Displaced Older Workers," David Shapiro, The Pennsylvania State University and Steven H. Sandell, National Commission for Employment Policy.

EMPLOYMENT STANDARDS ADMINISTRATION PROGRAMS

The Age Discrimination in Employment Act of 1967 was enacted by Congress "to promote employment of older persons based on ability rather than age; to prohibit arbitrary age discrimination in employment and to help employers and workers find ways of meeting problems arising from the impact of age on employment."

On July 1, 1979, the Equal Employment Opportunity Commission (EEOC) assumed enforcement responsibilities previously carried out by the Department of Labor under the Age Discrimination in Employment Act of 1967 (ADEA), as amended. The ADEA prohibits employment discrimination on the basis of age in private sector and State and local government employment. (The EEOC had assumed responsibility on January 1, 1979, for enforcement of the ADEA in the Federal sector, for which the Civil Service Commission had previous jurisdiction.) Under Presidential Reorganization Plan No. 1 of 1978 which made these transfers, the Department of Labor continues to be responsible for research regarding older workers, including studying the effects of the 1978 ADEA amendments, and for the educational activities for older persons.

The 1982 DOL final report to Congress on Age Discrimination, as required by the 1978 ADEA amendments, developed recommendations for legislative, administrative and private sector activity to assist in achieving these objectives. These recommendations were based on the Department's national ADEA studies, other public and private sector studies of retirement and employment, and periodic consultations with other government agencies, national employer trade associations, trade unions, national organizations representing older persons and State and local government representatives. The recommendations were in two major areas—legislative and policy; and education, information and research—and were as follows:

LEGISLATIVE AND POLICY

(1) Eliminate the mandatory retirement age by amending the Age Discrimination in Employment Act to cover employees 40 and over.

The elimination of mandatory retirement will result in increased employment of older workers, but will not significantly affect employment opportunities of other labor force groups. Employers have not experienced major administrative difficulties or increased costs with mandatory retirement at age 70 and do not anticipate major changes in employee retirement patterns if mandatory retirement is eliminated. However, concern has been expressed about possible difficulties related to hiring and promoting employees aged 70 and older.

Enacting such legislation will prohibit arbitrary discharge, demotion or salary reduction for all employees over 40 years of age and will effectively protect them from losing jobs on the basis of age.

(2) Retain the executive exemption in the Age Discrimination in Employment Act, allowing compulsory retirement of certain executives at age 65 or over.

The exemption is particularly important for large firms with complex personnel systems where top management decisions are significant for the national economy. Retaining the exemption is therefore in the Nation's overall economic interest. The current limitation of the exemption to executives only between 65 and 70 would be changed to include all executives 65 and over.

(3) Temporarily retain an exemption in the Age Discrimination in Employment Act at age 70 for tenured faculty members at institutions of higher education.

Due to lack of experience with an age 70 mandatory retirement criterion (which became effective for all covered institutions only on July 1, 1982) predicting future faculty retirement patterns without any mandatory retirement age is extremely difficult.

The tenured faculty exemption should therefore be continued at age 70 for a temporary period during which colleges and universities could develop policies to minimize the consequences of the future elimination of mandatory retirement.

(4) Congress should review major policy issues related to the Age Discrimination in Employment Act.

Further information is needed to assess the consequences of the act and evaluate the merit of additional legislative changes in terms of effects on employers and employees. Issues of particular importance are: (a) The effects of providing pension credit for employment beyond age 65; (b) the administrative and cost consequences of hiring and promoting older workers at age 70; and (c) the consequences of current ADEA procedural provisions permitting jury trials and liquidated damage awards in age discrimination litigation.

The Department of Labor recommended that Congress review these issues in order to evaluate the need for further legislation.

(5) Make technical changes in the Age Discrimination in Employment Act to indicate that the Equal Employment Opportunity Commission is responsible for enforcement.

EDUCATION, INFORMATION, AND RESEARCH

The 1982 DOL report indicated that much more information and research were needed to assist business firms in recognizing and implementing programs and policies for older workers. In 1983, the Department of Labor addressed this objective through:

—Conducting research sponsored by the National Commission on Employment Policy on participation of older workers in employment and training programs; problems of older workers related to plant closings and layoffs; labor market problems of older women, older persons who are members of minority groups and older handicapped individuals; part-time employment; and other areas.

—Supporting a continuing longitudinal study of middle-aged and older workers.

—Providing support for a variety of research and demonstration projects focusing on such areas as alternative work arrangements, part-time employment and retention of older workers.

The Department plans to enhance these efforts through conferences, publications and technical assistance.

The Department will encourage private sector firms to (1) disseminate information on viable older worker policies and programs to other business firms and (2) provide firms with examples of effective programs and policies.

Pension and Welfare Benefit Programs

Pension and Welfare Benefit Programs (PWBP) is a part of the Department of Labor's Labor-Management Services Administration. It is responsible for enforcing the Employee Retirement Income Security Act (ERISA). PWBP's primary responsibilities are for the reporting and disclosure and fiduciary provisions of the law.

Employee benefit plans, generally maintained by employers or by employers and unions, must meet certain standards set forth in ERISA. These standards are designed to insure that an employee actually will receive the benefit promised under the plan. ERISA applies only to private sector plans.

The requirements of ERISA differ according to whether the benefit plan is a pension plan or a welfare plan. Both pension plans and welfare plans must comply with certain provisions of ERISA governing reporting and disclosure to the government and to participants (title I, part 1) and fiduciary responsibility (title I, part 4). Pension plans must comply with additional ERISA standards (contained in both title I, parts 2 and 3, and title II) including who must be allowed to be a member of a plan (participation), when a participant's right to a benefit becomes nonforfeitable (vesting), and how the employer is to finance benefits offered under the plan (funding).

The Departments of Labor and Treasury have responsibility for administering the provisions of title I and title II, respectively, of ERISA. The Pension Benefit Guaranty Corporation (PBGC) is responsible for administering title IV, which establishes an insurance program for certain benefits provided by specified ERISA pension plans.

REPORTING AND DISCLOSURE STANDARDS

ERISA requires that plans disclose to participants and report to the Federal government information about plan provisions and financial status. Certain plans must submit an annual report. The report is a financial statement; defined benefit plans must also submit a certified actuarial report. The report generally includes a statement of plan assets and liabilities, a statement of the transactions involving conflict of interest situations and other information regarding the administration of the plan. Annual report forms are simplified for small plans, and a number of paperwork reductions have been instituted since ERISA's passage.

The annual report is submitted to the Internal Revenue Service (IRS) and shared by the ERISA agencies. This information is used for enforcement and research. The plan administrator submits the annual report to the IRS and furnishes participants and beneficiaries with a summary plan description (SPD) written in a manner calculated to be understood by the average person. The SPD contains a description of benefits, the requirements for eligibility and procedures for presenting claims for benefits. In addition, participants may request, or in some cases, must receive a statement of their individual benefits. Reduction of unnecessary paperwork, to the extent consistent with assuring necessary information is submitted to enforce the law, was a top priority in 1983 and will continue to be so.

MINIMUM STANDARDS FOR PARTICIPATION AND VESTING

The IRS, for the most part, enforces the ERISA minimum standards. ERISA sets forth certain standards regarding the age and service requirements which an employee can be required to have completed before being allowed to participate in the employer's pension plan. The basic rule is that an employee cannot be denied membership in the plan, merely on account of age or service, if he or she is at least 25 years old and has worked for the employer for one year.

Certain other ERISA provisions govern when a plan participant must gain a nonforfeitable right to that portion of the retirement benefit provided by the employer's contributions to the plan. (The participant's own contributions are always nonforfeitable.) In this regard, the plan must provide that an employee gains a nonforfeitable right to this portion of his or her retirement benefit according to a schedule which is not less generous than one of the four set forth in ERISA.

MINIMUM FUNDING STANDARDS

ERISA sets forth certain rules regarding the financing of pension plan benefits that basically apply to those plans which promise participants a defined periodic payment upon retirement. In plans of this type, the employer's contributions are determined actuarially (i.e., using certain assumptions concerning mortality, interest, turnover, etc.) to calculate how much is needed in order to insure sufficient funds to provide for the benefits promised by the plan. ERISA provides rules governing what sorts of actuarial assumptions and funding methods are appropriate and established penalties for failure to comply with these standards. These funding rules are enforced by the IRS.

FIDUCIARY STANDARDS

ERISA sets certain standards regarding the investment and utilization of plan assets with which fiduciaries of employee benefit plans must comply. These standards include that plan assets be invested "solely in the interest" of plan participants and beneficiaries and that plans be maintained for the exclusive benefit of the participants and their beneficiaries. ERISA provides that fiduciaries adhere to standards regarding the safeguarding and diversification of plan assets that would be followed by a "prudent" investor. ERISA also sets forth certain rules governing activities that (unless specifically exempted) may not be carried out by certain individuals and groups (including fiduciaries) who, because of having a potential conflict of interest with the plan, might cause the plan to operate in the interests of themselves rather than in the interests of the plan participants and beneficiaries. These activities are known as "prohibited transactions," and persons who violate them are subject to a tax imposed by the Internal Revenue Service.

Civil actions may be brought by the Secretary or plan participants and beneficiaries for a breach of fiduciary duty. The Department places great emphasis on enforcing these fiduciary provisions. In fiscal year 1983, it restored $13.5 million in plan assets and prevented an additional $38 million from being imprudently or otherwise illegally used in prohibited transactions.

PLAN TERMINATION INSURANCE

Title IV of ERISA establishes a benefit insurance program administered by the PBGC, an indpendent nonprofit entity with a board of directors consisting of the Secretaries of Labor, Commerce, and Treasury. This insurance program is applicable only to certain pension plans which promise a defined benefit upon a participant's retirement. Employers who maintain these covered plans are required to pay a per-participant premium to the PBGC to finance this coverage.

The guarantee program itself differs according to whether the plan in question is a single-employer plan or one maintained by more than one employer. In the case of a single-employer plan, the PBGC will guarantee, to a certain prescribed level, the payment of a participant's nonforfeitable benefit in plans which terminate with insufficient assets to meet their obligations to pay these benefits. In the case of a multi-employer plan, the PBGC also guarantees benefits, at a prescribed level, lower than in the single-employer situation. In this case, however, it is the inability of the plan to pay participants their guaranteed amount rather than termination that triggers financial assistance.

RESEARCH AND DEVELOPMENT

PWBP conducts a coordinated program of research through contracts and inhouse studies. The research program develops data on employee benefit plans which can be used as the basis for program modifications or policy decision. It also analyzes economic issues related to retirement decisions and income. The following studies were completed in fiscal year 1983: (1) Pensions and the age of retirement, (2) inflation, portfolio balancing and pension indexation, (3) inflation and pension benefits, (4) the industrial demand for retirement aged labor, (5) structural retirement models, and (6) multiemployer pension plans under collective bargaining.

INQUIRIES

PWBP publishes literature and audiovisual materials which explain in some depth provisions of ERISA, procedures for plans to effect compliance with the act, and the rights and protections afforded participants and beneficiaries under the law. In addition, it deals with many inquiries from older workers. During fiscal year 1983, the national and field office staff of PWBP responded to over 75,200 inquiries from plan participants, beneficiaries and other persons interested in the administration of plans. Among the publications disseminated, the following are designed exclusively to assist the public in understanding the law and how their pension plans operate:

—What you should know about the pension and welfare law (English and Spanish versions).
—Know your pension plan.
—How to file a claim for benefits.
—Often asked questions about ERISA.

ITEM 11. DEPARTMENT OF STATE

DECEMBER 27, 1983.

DEAR MR. CHAIRMAN: Thank you for your letter of November 1 in which you invited Federal agencies to report on their activities on behalf of older Americans. We believe you will be interested in the enclosed resolution, which was cosponsored by the United States and adopted without a vote during the current 38th session of the U.N. General Assembly. The resolution follows up on several important areas of concern which emerged during the 1982 World Assembly on Aging.

Sincerely,

W. TAPLEY BENNETT, Jr.,
Assistant Secretary,
Legislative and Intergovernmental Affairs.

Enclosure.

QUESTION OF AGING

The General Assembly,

Reaffirming its resolution 37/51 of 3 December 1982, in which it endorsed the International Plan of Action on Aging adopted by the World Assembly on Aging, held at Vienna from 26 July to 6 August 1982, and called upon Governments and the

Secretary-General to make continuous efforts to implement the principles and recommendations of the Plan,

Recalling Economic and Social Council resolution 1981/87 of 25 November 1981, in which the Council decided to convene in 1984 an International Conference on Population, and also recalling the Vienna International Plan of Action on Aging,[1] which acknowledges that aging is a population issue that affects development and requires increasing international assistance and cooperation,

Recognizing the significant contributions of the World Assembly on Aging and the United Nations Trust Fund for Aging in the promotion and strengthening of international cooperation in this field,

Conscious of the positive response of many countries to the World Assembly on Aging and the recommendations of the Plan of Action and of the need to provide national authorities, at their request, with assistance in their efforts to implement the Plan,

Noting with satisfaction that many Governments have retained or established national mechanisms to facilitate the planning, implementation, and coordination of the activities recommended by the Plan of Action,

Recognizing the role played by the United Nations and the specialized agencies through their efforts in the field of aging and the need to strengthen this role, especially at the regional level, in order to ensure the implementation of the Plan of Action and the systematic and efficient functioning of the technical advisory and coordination services of the United Nations,

Acknowledging the role played by the international network of existing information, research and training centres in exchanging information and experience at the international level and in stimulating progress and encouraging the adoption of measures to respond to the economic and social implications of the aging of populations and to meet the needs of older persons,

Noting that the Plan of Action recognizes the relationship between aging and youth, particularly as it relates to intergenerational matters,

Recognizing that women have a longer life expectancy than men and that they will increasingly constitute a majority of the older population,

1. *Takes* note of the report of the Secretary-General on the question of aging.[2]

2. *Affirms* that the question of aging should be considered in the context of economic development, political, social, and cultural systems and social values and changes.

3. *Calls upon* Governments to continue to make efforts to implement the principles and recommendations contained in the Vienna International Plan of Action on Aging in accordance with the economic, social, and cultural circumstances of each country.

4. *Invites* Governments to retain or establish, in a suitable form, mechanisms at the national level to promote the implementation of the Plan of Action.

5. *Urges* the Secretary-General to continue his efforts to ensure the effective implementation and followup action to the Plan of Action and to maintain the impetus generated by the Trust Fund for Aging at the national, regional, and international levels.

6. *Requests* the Secretary-General to continue to promote the Trust Fund so as to assist countries in formulating and implementing policies and programmes for aging.

7. *Requests* the Secretary-General to continue his information exchange activities through, inter alia, the international network of existing information, research, and training centers and to convene, using voluntary contributions, meetings of the members of this network, as appropriate, to strengthen these activities and to promote technical cooperation among developing countries.

8. *Urges* the Secretary-General to include advisory services to developing countries that request them in technical cooperation programs to the extent feasible under the funding of those programs.

9. *Requests* the Secretary-General to ensure, as requested by the Plan of Action that the question of the aging of populations is brought to the attention of the appropriate United Nations bodies responsible for the preparation of the International Conference on Population and that the question of aging will be considered under the appropriate agenda items of the Conference itself.

10. *Also requests* the Secretary-General to continue to promote, in cooperation with the national committees concerned, joint activities in the field of aging and

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[1] Report of the World Assembly on Aging (U.N. publication, Sales No. E.82.I.16), chap. VI.A.

[2] A/38/470.

youth, particularly as they relate to intergeneration matters, especially during the International Youth Year.

11. *Further requests* The Secretary-General to examine the gender-based difference in longevity and the impact of the increasing number and proportion of older women on living arrangements, income, health care, and other support systems, and to bring the question of older women to the attention of the preparatory body for the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women in 1985 for its consideration.

12. *Urges* the United Nations Fund for Population Activities, in cooperation with all organizations for internation population assistance, to continue its assistance, within its mandate, in the field of aging, particularly in developing countries.

13. *Invites* the regional commissions to review the objectives of the Plan of Action and contribute to their realization and to organize the conduct the regional periodic review and appraisal of the Plan in coordination with that at the international level.

14. *Also invites* the specialized agencies and other intergovernmental and nongovernmental organizations concerned to be actively involved, in a coordinated manner, in the implementation of the Plan of Action.

15. *Requests* the Secretary-General to submit to the General Assembly at its thirty-ninth session a report on the measures taken to implement the present resolution.

16. *Decides* to include in the provisional agenda of its thirty-ninth session the item entitled "Question of aging."

ITEM 12. DEPARTMENT OF TRANSPORTATION

JANUARY 9, 1984.

DEAR MR. CHAIRMAN: I am pleased to forward to you the enclosed report which summarizes significant actions taken by this Department during 1983 to improve transportation facilities and services for older Americans. The report is being forwarded to you in response to your recent letter to Secretary Dole, requesting information for part 2 of the committee's annual report, "Developments in Aging." I hope you will find this information helpful.

If we can assist you further, please let us know.

Sincerely,

MATTHEW V. SCOCOZZA,
Assistant Secretary for
Policy and International Affairs.

Enclosure.

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

INTRODUCTION

The following is a summary of significant actions taken by the U.S. Department of Transportation during 1983 to improve transportation for elderly persons.[1] The information included in the report was furnished by the Office of the Secretary and by the following operating elements of th Department: Federal Highway Administration (FHWA), Federal Railroad Administration (FRA), and Urban Mass Transportation Administration (UMTA).

REGULATIONS

Office of the Secretary

On September 8, 1983, the Department of Transportation published in the Federal Register a notice of proposed rulemaking to improve mass transportation services for persons with disabilities. Under the proposed rule, recipients of Federal financial assistance for mass transportation from the Department of Transportation may meet their obligations for service to persons with disabilities by equipping 50 percent of their buses with wheelchair lifts; by establishing a paratransit or special service system, or they may establish a mixed system that would combine elements of accessible bus and paratransit service. Whatever type of system is established, the system must, subject to a cost ceiling, meet six service criteria set forth in section 317(c) of the Surface Transportation Assistance Act of 1982. The system must serve the same geograhic area as the recipient's service for the general public, at the same times, and at comparable fares. There cannot be waiting lists for eligibility or restrictions or priorities based on trip purpose. Finally the waiting time for service must be reasonable The Department of Transportation expects to publish a final rule during calendar year 1984.

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[1] Many of the activities highlighted in this report are directed toward persons with disabilities. However, more than one-third of the elderly have one or more disabilities and will benefit from these activities.

Federal Highway Administration

The Federal Highway Administration published a notice of proposed rulemaking on "Bicycle and Pedestrian Facilities" in the Federal Register on August 11, 1983. The notice requested comments on policies and procedures relating to the adequacy of pedestrian accommodations and bicycle facilities on Federal-aid highway projects. A provision was added that requires curb cuts and other appropriate measures in all Federal-aid highway projects that include pedestrian facilities. We also asked for comments on Federal participation in the cost of these facilities.

POLICIES

Federal Railroad Administration

Amtrak continued throughout fiscal year 1983 its systemwide policy of offering to handicapped and elderly persons a 25 percent fare discount on round trip purchases, subject to some restrictions. Senior citizen and handicapped passengers are permitted stopovers as part of their round trips, but are not permitted to combine their 25 percent discount with any other discounts.

ARCHITECTURAL BARRIER REMOVAL ACTIVITIES

Federal Railroad Administration

Amtrak is continuing to make modifications to its passenger railroad stations, vehicles, and services in line with Amtrak's transition plan submitted in accordance with the Department's regulation implementing section 504 of the Rehabilitation Act of 1973. All new Amtrak stations and rolling stock have been designed to be accessible to persons with disabilities.

CAPITAL ASSISTANCE

Urban Mass Transportation Administration

Under section 16(b)(2) of the Urban Mass Transportation Act, the Urban Mass Transportation Administration provides assistance to private nonprofit organizations for the provision of transportation services for the elderly and persons with disabilities. In fiscal year 1983, over $24 million were obligated under the section 16(b)(2) program. These funds were used to assist in the purchase of vehicles for the provision of transportation services for elderly and persons with disabilities.

UMTA initiated development of a section 16(b)(2) circular to provide a comprehensive source of guidance to the States and nonprofit organizations on grant application procedures and program administration. This circular, "Section 16(b)(2) Capital Assistance Program Guidance," will provide streamlined procedures to reduce the administrative burdens of the States as well as the nonprofit organizations. The circular will be published early in 1984.

The UMTA section 18 program provides funds to States for planning, capital, operating, and administrative expenditures to assist State and local agencies, nonprofit organizations, and operators of public transportation services in rural and urbanized areas under 200,000 population. A significant number of elderly persons residing in rural and small urban areas are served by agencies funded under this program. Implementation of the Surface Transportation Assistance Act of 1982 strengthened the section 18 program by: (1) Establishing section 18 funding as a fixed percentage of the overall UMTA formula funding leval; and (2) giving Governors greater discretion to allocate UMTA funds among urban and rural areas within their States according to where the transportation needs are greatest.

A new UMTA circular, "Section 18 Program Guidance and Grant Application Instructions," was issued September 26, 1983. The circular streamlines the Federal role in the grant application and review process, and offers States the option of combining the annual funding requests under section 18, 16(b)(2) and section 8 (planning funds) in a single consolidated grant application. The circulars for both section 18 and 16(b)(2) were developed with the intent of making the two programs as administratively compatible as possible.

RESEARCH AND TECHNICAL ASSISTANCE

Federal Highway Administration

A report on "Synthesis of Safety Research Related to Traffic Control and Roadway Elements" was completed in 1983. The report synthesizes research findings on the safety effects of specific design and control features and should help public officials, highway administrators, engineers, and researchers in their engineering decisions. A section on "Pedestrian Ways" discusses transportation-related accidents involving elderly persons and pedestrians with disabilities.

A study sponsored under the National Cooperative Highway Research Program and conducted by the University of Tennessee involved a sensitivity analysis of the cost-effectiveness of three techniques for providing barrier-free transportation for persons with disabilities. These techniques are (1) modifying existing fixed route bus systems, (2) specialized door-to-door transportation services, and (3) subsidies to persons with disabilities to enable them to use available taxi services at lower fares. The study prepared guidelines for conducting cost-effectiveness analysis of these three service options at the local level. This sensitivity analysis was done as part of the continuing study entitled "Cost Effectiveness of Transportation Services for the Handicapped."

Another study, entitled "Traffic Safety and Exposure of Elderly Road Users," was initiated. This study will: (1) Determine a profile of traffic accidents involving the elderly, (2) develop measures of traffic hazard exposure for the elderly, and (3) develop accident rates for the elderly for given traffic volumes and situations.

Urban Mass Transportation Administration

A study entitled "Program Analysis and Strategic Models for Section 19 Program Development and Implementation" is underway. Section 19 prohibits discrimination on the basis of age, as well as on other grounds, with respect to participation and benefits under projects, programs, or activities funded by UMTA. The study will describe legal authorities and standards of proof relevant to programmatic acreas and classes of persons protected by section 19 of the Urban Mass Transit Act, analyze current trends in court cases and legal analyses which affect civil rights planning and remedies, and provide models which will include a range of remedies for violations and alternative approaches to enforcement.

Another study in fiscal year 1983 entitled "Equal Opportunity Officers' Training" touches on age discrimination by acquainting grantees' equal opportunity personnel with the civil rights compliance structure and processes at State and local levels.

Other research and technical assistance activities initiated by the Urban Mass Transportation Administration to improve transportation services to the elderly and individuals with disabilities are as follows:

—Developed a planning manual to provide directions on the design of "user-side subsidy" projects. The user-side subsidy is designed to provide financial assistance to elderly and handicapped travelers, in contrast to the usual practice of subsidizing transportation providers (for example, local transit agencies).

—Provided technical assistance to local public agencies and transit operators who were attempting to develop or to improve transportation services for the elderly and persons with disabilities.

—Initiated a project to improve the coordination of local social service agencies which provide transportation for the elderly and persons with disabilities; and

—Developed and tested emergency procedures for evacuation of passengers from subways, rail rapid transit, streetcars, and buses.

DEMONSTRATIONS

Federal Highway Administration

Three cities—Baltimore, New Orleans, and Seattle—have prepared final reports on how they developed pedestrian accessibility networks for elderly persons and persons with disabilities. FHWA will use the cities' experiences to update its "Priority Accessible Networks" manual and to prepare a slide-tape presentation illustrating the accessibility problems encountered and how they were solved.

FHWA completed a "Designer's Guide for Elderly and Handicapped Accessibility on Pedestrian Crossing Structures." The guide identifies features which facilitate the use of crossing structures by elderly persons and persons with disabilities.

FHWA initiated a project to synthesize experiences gained by cities and other local jurisdications nationwide during implementation of improvements for pedestrians, including the elderly and persons with disabilities. The study findings will be incorporated into an updated edition of the FHWA's "Model Pedestrian Safety Program" manual.

TRAINING

Federal Highway Administration

The Federal Highway Administration conducted two courses in fiscal year 1983 that included discussions of transportation problems of the elderly and persons with disabilities. The courses are "Improving the Effectiveness of Public Meetings and Hearings" and "Social Considerations in Highway Project Development." In all, approximately 200 people from Federal, State, and local transportation agencies participated in the eight presentations of these courses.

INFORMATION DISSEMINATION

Office of the Secretary

State and local interest in meeting the transportation needs of the elderly continues. During 1983, the Department of Transportation has continued to release material on options for serving senior citizens through its technology sharing program. Many of the documents focus on how transit systems can function effectively in rural or small urban areas where many elderly citizens live:

—The Department's technology sharing program is disseminating a series of reports prepared by the Urban Mass Transportation Administration entitled "Paratransit: Options for the Future." The "Overview" report, and the documents on "Paratransit in Rural Areas" and "Paratransit Services for the Transportation Handicapped" are relevant to those transportation systems serving the elderly.

—The U.S. Department of Transportation (DOT) and the Department of Health and Human Services (HHS) have collaborated on the issuance of a series of three manuals on driver training and insurance cost reduction for social service and specialized transportation systems: "Driver Selection and Training for Human Services Agencies," "Implementing Driver Selection and Training for Human Service Agencies: Administrator's Guidelines," and the "Training Manual for Human Service Risk Managers." The manuals were prepared by the University of Tennessee with funds provided by HHS, and they are being distributed by DOT to the constituents interested in these topics.

—The technology sharing program is disseminating the report of a project completed by the University of California-Irvine dealing with the use of existing taxi services to serve the elderly and persons with disabilities. This study, entitled "Taxi-Based Special Transit Services," is the followup to a successful project on the use of taxis in small communities.

—To improve the quality of data used in planning services for the elderly, UMTA's special studies in transportation planning (SSTP) program funded the development of a guide to standard techniques for data collection. This guide, entitled "Planning Services for Transportation-Handicapped People: Data Collection Manual," has been completed and will be distributed through technology sharing.

—A study of the transportation problems that are unique to older Americans, funded by the Office of the Assistant Secretary for Governmental Affairs, drew heavily on the results of the Mini-Conference on Transportation for the Aging sanctioned by the 1981 White House Conference on Aging. This study, entitled "Transportation for Older Americans: Issues and Options for the Decade of the 1980's," is now being prepared for publication and distribution by the technology sharing program. Its data on demographics, system effectiveness, and the perceptions of elderly persons should be especially useful to people involved in longer term planning efforts at the State and local levels.

—A recent study of State and local government technical assistance needs stressed the utility of case study materials in helping these governments solve their transportation problems. The technology sharing program has reprinted two especially good State-sponsored collections of case studies of rural transit systems, many of which primarily serve the elderly. Indiana produced "Transit Works: 10 Rural Case Studies," and Pennsylvania developed the report "Rural Management Assistance Project: Paratransit Case Studies."

Many of the materials described above, as well as other manuals and studies completed previously on this topic, were distributed at the conference resource centers for the Sixth National Conference on Rural Public Transportation, and at the Ninth National Conference on Specialized Transportation. The materials were also distributed at State-level sessions in Alabama, Colorado, Idaho, Kansas, Kentucky, Oklahoma, Oregon, Tennessee, Washington, Wisconsin, and Virginia.

The Department has continued its support of the six-State initiative to simplify bookkeeping and accounting procedures for small bus operators and social service transportation systems. The Transportation Accounting Consortium, consisting of Arkansas, Iowa, Massachusetts, Michigan, North Carolina, and South Carolina has developed a draft report on these simplified procedures entitled "Simplifying Human Service Transportation and Small Transit System Accounting: A Six-State Perspective." The draft was distributed extensively at several of the meetings noted above, and is now being revised to reflect practitioner comments received. UMTA is funding the consortium to conduct technology transfer activities and help other States to test and adopt the simplified procedures.

ITEM 13. DEPARTMENT OF THE TREASURY

DECEMBER 20, 1983.

DEAR MR. CHAIRMAN: I am pleased to submit the Treasury's report for "Developments in Aging" on the Department's activities during 1983 which affected the aged. I hope our report will be of use to the Special Committee on Aging and others studying the problems faced by older Americans.

With Best wishes.

Sincerely,

DONALD T. REGAN, *Secretary.*

TREASURY ACTIVITIES IN 1983 AFFECTING THE AGED

The Treasury Department recognizes the importance and special concerns of older Americans, a group that will comprise an increasing proportion of the population in decades ahead.

The Secretary of the Treasury is managing trustee of the social security trust funds. Although the trust funds have been experiencing serious financial difficulty, the Social Security Amendments of 1983 have restored the financial soundness of the old-age and survivors insurance and disability insurance programs for many years into the future. This improvement has been achieved through a combination of increased taxes, general revenues, and a slowing in the growth of future benefits. The Treasury Department has responded to hundreds of letters from elderly citizens about these changes in social security.

One area of major concern to the elderly is the taxation of social security benefits. Beginning in 1984, single persons with $25,000 or more in income and married couples with $32,000 or more in income could have up to one-half their social security (and railroad retirement tier I) benefits included as taxable income for Federal income tax purposes. The Internal Revenue Service (IRS) Publication 553 explains this in more detail.

During 1984, the IRS will be revising its forms, publications, and other informational material to reflect changes brought about by the social security amendments. Special activities of the IRS diring 1983 directed toward helping persons 65 and over are detailed in the next section. Activities of other Treasury agencies which affect older Americans are summarized in the last section of the report.

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

The Internal Revenue Service places considerable emphasis on informing older Americans of their tax rights and responsibilities. IRS also continues to make special efforts to inform those individuals who, because of immobility, impaired health, or other factors, may miss out on benefits to which they are entitled unless IRS reaches them directly.

IRS assistance to older Americans through the tax counseling for the elderly (TCE) program has been growing since the program's inception in 1980. Fiscal year 1983 was another successful TCE year as the number of Federal income tax returns prepared by TCE volunteers increased by a substantial 28 percent over those prepared in 1982. Many TCE volunteers also helped the elderly in preparing their State and local returns. In addition, volunteers helped elderly taxpayers in the computation of their estimated tax for the upcoming tax filing season.

The IRS issued a number of informational materials targeted toward older Americans on the following topics:

—Single taxpayers age 65 and over are not required to file a Federal income tax return unless their income for the year was $4,300 or more (as contrasted with $3,300 or more for single taxpayers under age 65). Married taxpayers who could file a joint return are not required to file unless their joint income for the year was $6,400 or more if one of the spouses was 65 or over, or $7,400 or more if both were 65 or over. This is because all taxpayers age 65 or over get an extra personal exemption of $1,000. (See Publication 554 for further information.)

—The special tax credit for the elderly enables persons 65 and over, and also persons under 65 who had taxable pension or annuity income from a public retirement system, to reduce their taxes by as much as $375 if single, or $562.50 if married and filing a joint return. (See Publication 524.)

—After December 31, 1983, the credit for the elderly will be modified. Individuals 65 and older will continue to be able to take the credit. In addition, individuals under 65 who have retired with a permanent and total disability and receive income from a public or private employer because of that disability will be eligible for the credit. However, individuals under 65 who receive a taxable pension from a public retirement system will no longer be eligible for the credit unless they meet the permanent and total disability requirements. (See Publication 553.)

—For houses sold after July 20, 1981, those age 55 and over are allowed a once-in-a-lifetime exclusion of up to $125,000 of gain on the sale. (See Publication 523.)

—Some of the income received in retirement years is free from Federal income tax. This includes part or all of social security payments, railroad retirement benefits, payments from a general welfare fund, and payments for blindness. (See Publication 525.)

—After December 31, 1983, a part of social security benefits and tier I railroad retirement benefits may be taxable. (See Publication 553.)

—If both the taxpayer and his or her employer paid part of the cost of the taxpayer's pension or annuity, the taxpayer will not pay tax on the part of the pension or annuity that represents a return of the taxpayer's cost. (See Publications 567 and 575.)

—After December 31, 1982, payers of pensions and annuities generally will withhold income tax from the payments unless the retiree notifies the payer that he or she does not want tax withheld. If the retiree previously filed Form W-4P to have income tax withheld from periodic payments, the retiree may not have to file a new Form W-4P if he or she wants to continue to have income tax withheld. The retiree should file a new form if he or she wants to increase or decrease the amount withheld (See Publication 505.)

—Tax issues of particular interest to handicapped and disabled people are covered in Publication 907.

All publications are available free of charge. They are used extensively in taxpayer education programs, often in cooperation with organizations interested in the problems of retired persons.

IRS uses the electronic and print media, specialized newsletters, and organizations serving older Americans to communicate tax information of interest to the elderly:

—Tax problems of Americans 55 and older was the subject of a 1-hour special cablecast noon to 1 p.m., Sunday, March 20 and again from 12:30 to 1:30 p.m., Monday, March 31 (all times e.s.t.). "Taxes at 55? You've Finally Arrived," addressed such issues as medicare deductions, a new tax allowance for working couples, the sale of a home, exemptions from withholding on interest and dividends, tax treatment of pensions, and other tax benefits for persons in this category.

—Benefits for older Americans were also included as part of a 2-hour tax clinic aired on Public Broadcasting System, and also in the audio cassettes of tax instructions distributed to libraries.

—To publicize the tax counseling for the elderly program, in which nonprofit organizations provide free tax information and assistance to individuals age 60 and over, the IRS distributed a 12½ minute film entitled, "A Right Good Thing." The film, which describes tax situations frequently experienced by the elderly and depicts how the older taxpayer can get assistance at a local TCE site, is available free of charge to any interested group or organization.

—To further publicize TCE and other tax benefits for the elderly, one filing-season TV spot, one cable TV "informercial," and three radio spots were produced, as well as an illustrated drop-in ad for distribution to magazines. A taxpayer information materials (TIM) package containing two news releases, a newsletter item, and three live-copy radio spots was also prepared.

—One filmed television public service announcement (PSA) was produced and sent to each of the three major networks and approximately 2,000 television stations nationwide. Statistics from Broadcast Advertisers Reports, a firm which tracks the play of commercials and PSA's, indicate that these "Benefits for older Americans" PSA's were used extensively.

—Three recorded radio PSA's (one in English, one in Spanish, and one with country music background) were sent to the major networks and to about 6,700 local radio stations. Live copy radio material provided to these outlets was also widely used.

—Materials for the print media were provided to newspapers, periodicals, and newletters nationwide. Print material was also sent to senior citizens and retirement organizations such as the American Association of Retired Persons, National Council of Senior Citizens, National Retired Teachers Association, and to State offices which service the elderly. A newspaper supplement with an article directed toward older Americans was sent to over 9,000 local newspapers.

The following are additional activities in which IRS engaged during calendar year 1983 which benefit elderly taxpayers:

—IRS continues its emphasis on securing ground floor space or, alternatively, easy access to elevators as an aid to elderly and handicapped taxpayers.

—During the year, IRS Inspection continued its efforts to warn senior citizens of the danger of being defrauded by "confidence" men impersonating IRS employees. Five articles on the subject were published in newspapers and periodicals. There are several cases pending grand jury action involving attempts to defraud the elderly by impersonating IRS employees.

FORMS ACTIVITIES FOR THE ELDERLY

The inside front cover of the Form 1040 package highlights several changes and important reminders for older taxpayers.

Taxpayers on social security and others who do not have to report taxable pensions may want to file the "short form" this year as the interest and dividend ceiling has been removed. They may now file Form 1040A even if they had interest and dividend income over $400.

IRS has also made it easier to compute the tax. A single tax table now covers incomes up to $50,000 with the tax rate reduction built into the table. The IRS will even compute the credit-for-the-elderly for the taxpayer.

Form W-4P, which is used by retirees to withhold income tax from a pension or annuity, has been revised. The new form has a simplified and shortened worksheet which should save retirees a considerable amount of time in determining how much to have withheld.

OTHER TREASURY ACTIVITIES AFFECTING THE AGED

Other agencies of the Treasury also have an impact on the elderly as part of their specific functions. Developments during 1983 included:

—Treasury continued its expansion of the direct deposit program for Federal recurring payments. This program offers an added measure of convenience and security to many people, including retirees, who depend on regular government payments, by permitting direct deposits into a personal checking or savings account. The service was implemented in 1975 and now includes social security benefits, supplemental security income, civil service retirement, railroad retirement, Veterans Administration compensation and pension payments, certain military active duty and retirement and Federal salary payments. As of September 1983, over 20.1 million recipients have enrolled in the program, representing over 38.9 percent of total recipients. Since 1977, a nationwide educational campaign has been underway to inform recipients about the advantages of the program. The Treasury's goal is to have 80 percent of all eligible recipients enrolled in the program by 1990.

—The Bureau of Government Financial Opeations has continued a longstanding record of reliably meeting issuance schedules for Government payments. The majority of these payments are to elderly beneficiaries who depend on receiving their payments on time each month. In fiscal year 1983, the Bureau issued over 700 million payments—about 80 percent involving social security benefits, railroad retirement, civil service retirement, veterans benefits, and supplemental security income. Coupled with programs such as direct deposit to insure reliable delivery after issuance, the Bureau is continuing efforts to improve service to recipients of Government payments.

—Millions of Americans have bought and held U.S. savings bonds over the past 40 years as a means of supplementing their retirement income. The tax-deferral and exchange privileges of these bonds have been particularly beneficial to retired individuals. In addition, the variable rate feature, introduced on November 1, 1982, enables bond owners to keep pace with market yields in times of high interest rates. Under the terms of the Treasury's variable rate offering, the bonds are also protected by a guaranteed minimum yield, should market rates decline substantially.

—The Office of Business and Consumer Affairs works with groups concerned about the elderly. The office arranged for Secretary Regan to address the legislative council of the American Association of Retired Persons in February. His address included a wide range of issues affecting the elderly, including tax indexing, social security, and withholding on interest and dividends. Secretary Regan also addressed the National Council on Aging's annual conference in Detroit in March. His remarks focused on the Federal budget's impact on older people.

The Office of Business and Consumer Affairs continued to work with the American Association of Retired Persons to encourage participation with the Internal Revenue Service when they were developing the exemption certificates for withholding on interest and dividends. Copies of these certificates were made available to this group.

—The Office of Comptroller of the Currency sponsored meetings on the implications of bank deregulation for bank customer groups (including older Americans) in five cities: New Orleans, La; San Diego, Calif.; Minneapolis, Minn.; Chicago, Il; and Houston, Tex. Representatives of older Americans' groups were invited to and actively participated in all the meetings, along with representatives from small business, local government, and community groups.

The Comptroller continued to enforce the Equal Credit Opportunity Act and regulation B as part of its supervisory responsibilities for all national banks. The law and its implementing regulation prohibit a creditor from discriminating against an applicant on a prohibited basis regarding any aspect of a credit transaction. Prohibited basis includes age, provided that the applicant has the capacity to enter into a bidding contract. Enforcement of the law is carried out during regular examinations of national banks.

—The Treasury also continued to protect elderly recipients of Government payments through the vigilance of the Secret Service. During fiscal year 1983, the Secret Service closed 57,414 social security check forgery cases and 8,136 supplemental security income forgery cases. Most of these checks were issued to retirees. Approximately 78 percent of all check cases were cleared, that is, the identity of the forger was discovered.

—The Bureau of Engraving and Printing acknowledges that there are certain portions of the population that have special needs with regards to paper currency. Over the past 12 years, the Bureau has conducted several studies into methods to assist the sight-impaired in denominating currency. These studies were conducted with several groups of citizens in mind: (a) Persons blind since birth, (b) those blinded later in life, and (c) the partially sighted. The latter two groups, especially, have many members who are aged.

In the most recent study of devices to assist the sight-impaired, the currency of 54 nations was reviewed to identify potentially useful features. Several options incorporated in foreign currency were evaluated, including: (a) Visual mechanisms including intaglio colors, offset tints, and large distinct numerals; (b) tactile mechanisms such as braille-like symbols, clipped corners, and different size currency; and (c) aural mechanisms which would produce sounds or signals for different denominations.

Any feature selected should assist the largest segment of the target population yet impact Bureau production and currency circulation as little as possible. Visual mechanisms assist those who have some vision. Tactile mechanisms have the potential to assist only those who have been blind since birth and who are trained in braille. The aged frequently lack the sensitivity of touch to adequately read braille imprinting. In addition, foreign nations have indicated that generally, braille symbols wear quickly on notes, thereby losing their usefulness as notes lose their "crispness."

Electronic currency readers (or aural devices) appear to offer the most potential to aid the aged who have visual handicaps. The Bureau has recommended the development of an inexpensive hand-held, electronic device to denominate currency based upon commercially available technology. Development of such a reader is being pursued by the American Foundation for the Blind.

—The U.S. Customs Service has a red/green passenger processing concept, which includes an organized system of high- and low-risk roving inspectors. In this system which has been implemented in many airports nationwide, the inspectors assigned to the low-risk category are available to assist the elderly with their baggage and to expedite them through Customs.

Customs district directors are authorized to donate seized perishable items to charitable institutions, including homes for the elderly.

Finally, the Department of the Treasury makes every attempt to participate in the governmentwide effort to end discrimination against particular groups, including the aged, in employment and in the accessibility of public information and facilities:

—Throughout the Department's facilities, architectural modifications and new buildings include ramps, security bars in restrooms, and other aids to insure that Treasury facilities are usable by all individuals.

—In employment, Treasury offices and bureaus have implemented a part/time employment program (PTEP) as a result of Public Law 93-437 (October 1978). The program gives special attention to groups such as older people. Although the opportunities for employment in general, including part time, are currently uncertain due to budgetary and staffing constraints, the PTEP has helped retirees and the elderly obtain meaningful employment. The employment of the elderly benefits both the individual, by supplementing his or her income, and the agency, by adding productive employees to the regular work force.

ITEM 14. ACTION

DECEMBER 15, 1983.

DEAR MR. CHAIRMAN: I am pleased to respond to your letter of November 1 requesting the submission of ACTION's annual report on programs and services for the elderly to the Special Committee on Aging.

Please do not hesitate to contact me if you have any questions.

Sincerely,

THOMAS W. PAUKEN, *Director.*

Enclosure.

OLDER AMERICAN VOLUNTEER PROGRAMS (OAVP)

Each of the older American volunteer programs provide opportunities for utilizing the resourcefulness, ingenuity, and skills of persons 60 years of age and over to provide services within their communities. Through their volunteer activities, they strengthen their own and their community's sense of worth by giving their time in the service of others.

Participation in the foster grandparent program (FGP) and the senior companion program (SCP) is limited to persons whose income is not more than 125 percent of the poverty line established by the Department of Health and Human Services as amended annually. They receive a stipend of $40 or a 20-hour week. The stipend is not considered income for tax purposes nor does it affect eligibility for other Federal or State programs. Retired senior volunteer program (RSVP) volunteers receive no stipend. There are no educational or experience requirements for enrollment in any of the OAVP programs. All volunteers serve under the sponsorship of local organizations. Categorical grants are awarded by ACTION to private nonprofit organizations and public agencies to recruit, train, place, and support volunteers. Day-to-day supervision is provided by volunteer stations which are public or private nonprofit agencies and organizations such as hospitals, day care centers units of local governments, and community social service programs. ACTION provides technical assistance to sponsors and training for project staff. Funding is shared between the sponsor and ACTION.

ACTION is committed to the principle that the satisfaction of each volunteer is a direct result of his or her involvement in activities which will improve the lives of others and enrich their own. Older American volunteer programs seek to:

—Encourage the recognition of the older person as a solution to problems rather than as a problem.

—Promote OAVP projects to develop program activities which include increasing the self-reliance of those served and mobilization of local resources to meet community needs.
—Coordinate OAVP program activities with other ACTION programs and with programs of other governmental and nongovernmental agencies.
—Encourage volunteer assignments in RSVP and FGP which increase intergenerational contacts.
—Encourage volunteer assignments in SCP and RSVP which provide for the involvement of the volunteers in the provision of long-term care to the in-home elderly.
—Encourage increased State and local funding of OAVP and OAVP-type projects.

The OAVP concept has been greatly expanded by the use of the State and local mony to increase non-ACTION OAVP-type projects or to supplement existing ACTION projects. Some 48 State governments and many local governments are providing approximately $17 million this year for this purpose. These funds are in addition to the required local matching funds provided by all project sponsors. Since most State and local sponsors wish to be identified with one of the respective OAVP program titles, they have entered into written memoranda of agreement with ACTION. These memoranda allow the local projects to use the generic Federal program name and make the volunteers serving in these projects eligible under the income disregard provision of ACTION legislation with respect to foster grandparent and senior companion programs. Project staff participate in ACTION training activities, receive program assistance materials and utilize the technical expertise of ACTION staff.

Volunteer total and funding for fiscal year 1983 was:

RSVP (332,000 volunteers)	$27,445,000
FGP (18,350 volunteers)	48,400,000
SCP (5,250 volunteers)	12,016,000

FOSTER GRANDPARENT PROGRAM

The foster grandparent program (FGP) was originally developed in August 1965 as a cooperative effort between the Office of Economic Opportunity and the Department of Health, Education, and Welfare (HEW). It was given legislative authority under title VI of the Older Americans Act, as amended, and transferred to the Administration on Aging (AoA) in HEW in 1969. In 1971, under Reorganization Plan No. 1, the program was transferred to ACTION

FGP enables low-income persons, aged 60 and over, to remain active in their community through person-to-person service to children with special or exceptional needs in health, education, welfare, and related settings. Foster grandparent services are focused on children suffering from a variety of impairments and disabilities including the: Mentally retarded; autistic; emotionally disturbed; visually handicapped; learning disabled; epileptic; and those suffering from cerebral palsy, visual, hearing and speech impairments. Other children served include those who have been abused or neglected, juvenile delinquents, runaways, teenage parents, and those in need of protective intervention in their homes.

The volunteer service opportunities provided by the program are intended to renew the sense of dignity and self-worth, alleviate some of the consequences of poverty and loneliness, and imporve the psychological outlook and physical well-being of its participants.

To accomplish its legislative mandate and enable low-income persons to participate, the program provides a number of benefits to foster grantparent volunteers. These include: A $2 stipend for each hour of service, transportation assistance to and from volunteer assignments, accident and liability insurance, annual physical examination, and a noon meal on the days they serve. In addition, foster grandparents are recognized for their services at annual recognition events organized by local program sponsors.

Foster grandparents serve 20 hours weekly, normally 4 hours a day, 5 days a week, or a total of 1,044 hours of service per volunteer per year. Ideally, foster grandparent volunteers spend 2 hours giving special attention and affection to each of two children on a daily basis. Children are assigned foster grandparents on the basis of their potential for improvement in personal or social adjustments, skill development, and to help prevent or delay institutionalization. Volunteer services are provided through local public and private nonprofit agencies, or proprietary health care facilities, known as volunteer stations. These volunteer stations must comply with any licensing or certification requirements of State and local governments in their area. Program policy prohibits the involvement of foster grandparents in activities that would supplant the hiring or result in the displacement of employed workers, or impair existing contracts for services.

Foster grandparents provide a whole range of individual services to their assigned children including, but not limited to: Individual child counseling, motor skills stimulation, development of basic learning skills, assistance in the implementation of individual care plans, teaching English as a second language, helping incarcerated youths prepare for independent living, and acting as adult role models by providing emotional support and empathy. Prior to assignment, foster grandparent volunteers receive 40 hours of orientation in program policies and procedures. Thereafter, volunteers receive 4 hours monthly inservice training.

At the end of fiscal year 1983, there were 243 FGP projects operating through grants awarded by ACTION to qualified public and private nonprofit agencies which administer the program locally. These projects which operate in all 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands, support over 18,000 foster grandparent volunteers who, on a given day, service approximately 65,000 children. Federal funding for the fiscal year was $48.4 million provided under a continuing resolution. Several State governments, including California, Washington, New York, Oklahoma, New Mexico, Texas, Tennessee, Michigan, and Wisconsin, continued to appropriate varying sums to support additional foster grandparent volunteers in their respective States. As in previous years, Michigan appropriated funds to support seven State-funded projects in 1983.

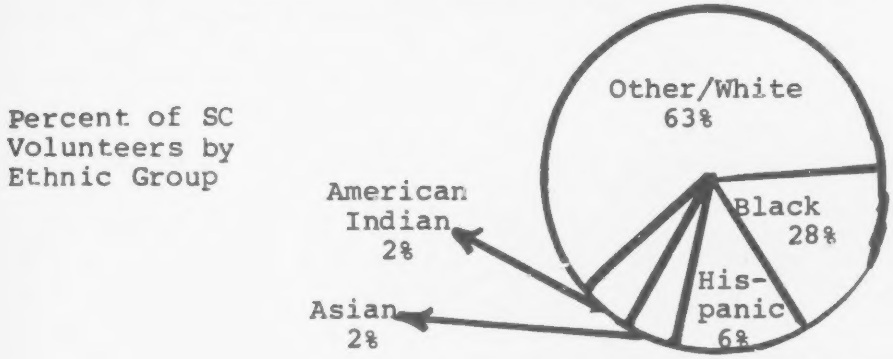
Coordination of program activities with other Federal agencies also continued in fiscal year 1983. The program renewed an interagency agreement with the Administration for Children, Youth, and Families (ACYF) that provides funding support of foster grandparent volunteers specifically assigned to service special or exceptional needs of children in a number of Head Start sites. In addition, an agreement with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the Department of Justice was implemented, placing foster grandparent volunteers in a number of local juvenile justice programs. In addition to increasing the number of volunteer participants, these cooperative efforts with other agencies have enabled the program to offer a broader range of service opportunities to its participants.

SENIOR COMPANION PROGRAM

The senior companion program (SCP) offers volunteer opportunities to low-income adults age 60 and older. Senior companions provide person-to-person assistance and companionship primarily to older adults to help them achieve and maintain independent living.

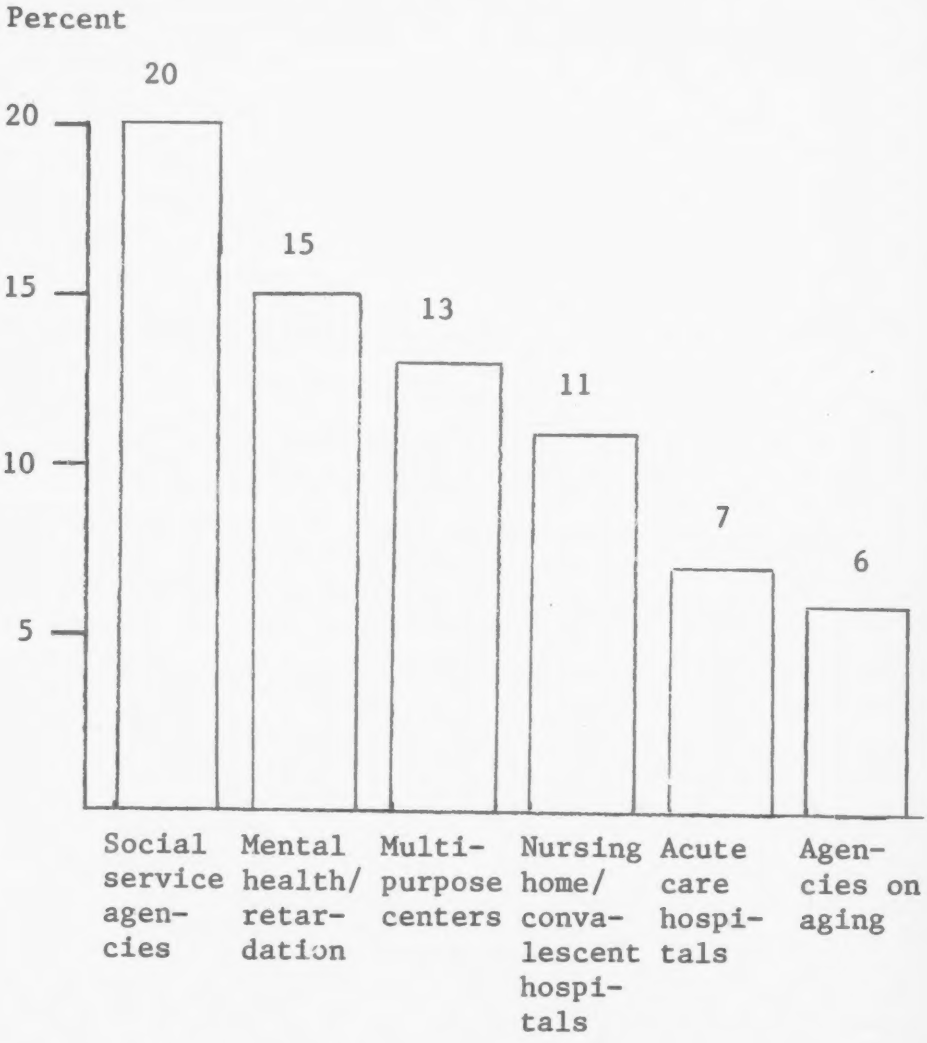
The senior companion program has grown from 18 pilot projects and 1,000 senior companions in fiscal year 1974 to 85 projects (76 ACTION-funded and 9 non-ACTION funded) and approximately 5,250 senior companions as of October 1, 1983. The operating ACTION budget in fiscal year 1983 was $12,016,000.

The program demonstrates older persons can play a critical role in providing support to older persons with physical and psychological impairments. SCP fosters independence and enhances the self-esteem of senior companions by designing volunteer roles which utilize their skills and training to improve the lives of individuals served and impact on community problems. The program serves a variety of ethnic groups reflecting the rich diversity of the older population:



The SCP assists in the long-term care needs of moderately and generally impaired adults, focusing on older adults whose physical, mental, and emotional impairments put them at risk of inappropriate institutionalization. Senior companions are placed in or through volunteer stations which provide direct health care and social services. Each is linked to Federal, State, and local long-term care networks.

A bar graph depicting the primary public and private nonprofit organizations through which senior companions serve illustrates the variety of community placements available to volunteers.



Approximately 75 percent of all ACTION-funded senior companions are assigned to assist older persons to remain in their own homes.

In Niagara Falls, N.Y., 85 senior companions provide services to more than 200 frail elderly. The primary goals of this project are to facilitate discharge from acute care hospitals and prevent unnecessary readmissions. Senior companions meet patients prior to discharge and continue to serve them during the crucial transition period to their own homes. The hospital administration has observed that many patients have been discharged who otherwise would have remained in the hospital or inappropriately placed in nursing homes.

Nationwide, there are 63 acute care hospital volunteer stations. Preliminary data from a sample of these stations indicate volunteer assignments focus on the frail elderly who live alone. Eighty-five percent of the clients served live alone, are 75 to 79 years of age, and remain in the hospital an average of 12.5 days, 2 days longer than most persons 65 and older.

There are positive indicators that senior companions can have an impact on reducing average length of hospital stay days, inappropriate referrals to nursing homes, and hospital readmissions. One example is the SCP of Altoona, Pa., where 22 senior companions serve clients in two acute care hospitals.

Most of the medical staff at the area Veterans Administration Medical Center were convinced Nick, a 65-year-old patient, would never return home. A recent stroke combined with an ongoing organic brain problem had left him incapacitated. A long-term internment in a nursing home seemed the only alternative.

But Nick wanted to go home and be with his wife. The medical center staff decided to test the possibility of home care by assigning him a senior companion. A 66-year-old female volunteer was selected. Under hospital supervision, she experimented with short-term home visits. The companion helped the client's wife overcome fears about emergency care and, building on training provided by the hospital, instructed her on tell-tale signs of an oncoming seizure. She also taught her physical therapy exercises to enhance Nick's mobility and helped with household management activities.

This procedure continued for 7 months. Gradually, Nick's health began to improve. Home stays grew longer. Last Christmas, Nick was discharged from the medical center. The companion still visits with him 2 days per week and expects the time will soon come when Nick and his wife will continue on their own.

Prevention of substance abuse among the elderly is another of the programmatic goals of the senior companion program. ACTION has provided information on training to all senior companion project directors in this area and the project directors, in turn, have been training the volunteers. The program focus is on the misuse and abuse of prescription drugs, over-the-counter drugs, and alcohol. Many of the volunteers who are serving in this area were former abusers themselves. A lifelong alcoholic who became sober and joined the Omaha, Nebr., SCP 7 years ago has helped 25 elderly recovering alcoholics live productive lives is an example.

Charlie Mimms was an active alcoholic over 50 years until he began a rehabilitation program at the North Omaha alcoholism counseling program, an outpatient treatment facility for low-income persons. He heard about SCP from a former heavy drinker during his first year of treatment. He joined because of a desire to help other elderly alcoholics.

The first person assigned to Charlie was a man who the companion had known for years. "He had been a drinking buddy of mine," Charlie remembers. "After I talked to him, the counselor was able to get him into treatment."

Another elderly man kept slipping. Charlie finally realized the problem was that this man had a friend who also drank. Charlie was able to convince both of them to get treatment. There has been many breakthroughs since, a tribute to the perseverance of a former abuser able to reach people health care professionals have been unable to help.

Almost 50 percent of all senior companions serve in rural areas. For the most part, coordinated home health care services for older persons are nonexistent and senior companions are called upon to fill gaps in the system.

Seventy-six-year-old Glenna Spaur, a companion who serves through the Buckhannon, W. Va., SCP project, is typical of the volunteers who serve in isolated areas.

Recently, one of Mrs. Spaur's clients, a frail 80-year-old woman with multiple physical problems who lives alone, fell and broke her hip. Neighbors called Mrs. Spaur because they knew she was the person closest to the woman.

Mrs. Spaur arranged for an ambulance which took her to a small community hospital in her hometown of Weston. Doctors were not able to treat the injury and referred her to a hospital in Clarksburg, 25 miles away. Mrs. Spaur arranged for another ambulance to take her client to Clarksburg. Mrs. Spaur followed in her car.

During hospitalization, Mrs. Spaur was asked to take part in the care plan conferences in which she was able to provide valuable personal information to the nursing and social work staff.

Following hospitalization, the client was transferred to a nursing home because she needed skilled, professional care during convalescence. Mr. Spaur visited regularly. She also took care of the client's apartment, arranging for the payment of bills and other home management chores, so when she was ready to leave the nursing home, there was a home to come back to.

National interest in Alzheimer's disease has resulted in more assignments with organizations that help affected individuals.

When 64-year-old Betty Parsley joined the SCP in Columbus, Ohio, she had never heard of Alzheimer's, but she learned very quickly. In 3 years, she's had five clients. "That may not seem like many," she explains, "but each assignment is very demanding."

Referrals to the senior companion program have come from Alzheimer's family support groups and health professionals. At least five other companions in the Columbus project have been assigned clients with Alzheimer's.

Mrs. Parsley says one of the most frustrating problems is the rapid decline in memory loss. "After finishing a meal, it's not unusual for the client to ask when dinner will be served. One of my clients put on his hat and coat one day and told me, 'I want to go home.' I told him, 'But you are home.' He responded, 'Well, if I am home, how come mom and dad aren't in the kitchen?'" The 70-year-old client's parents had been dead more than 40 years.

Other common problems are that the client often mistakes a spouse for a parent or forgets who the senior companion is.

"No matter what, you never disagree with the client. No matter how infantile he or she may become, you always remain calm, patient, and avoid confrontations," explained Mrs. Parsley.

The senior companions serve clients under a written plan of care in patient-release programs in acute care hospitals, mental health, and other long-term care facilities to make the transition and adjustment of living in less restrictive settings.

In all placements, the senior companions serve as advocates by linking clients to appropriate services and assuring that they receive needed benefits to which they are entitled.

Senior companions receive a stipend of $40 a week for 20 hours of service. They are also provided or reimbursed for transportation and meals for days of service, orientation, or training. Volunteers are covered by accident and liability insurance and receive annual physical examinations. Senior companions are also provided 40 hours of orientation and 4 hours monthly inservice training.

RETIRED SENIOR VOLUNTEER PROGRAM

The retired senoir volunteer program (RSVP) was established to provide a variety of opportunities for persons, aged 60 or over, to participate more fully in the life of their community through significant volunteer service. Through RSPV, over 332,000 older Americans are making significant contributions toward addressing many of the problems of their communities. In turn, the program enables these senior volunteers to find the usefulness and dignity they seek.

RSVP was originally authorized in 1969 and funded in 1971. In July 1971, it was transferred from the Administration on Aging to ACTION. In 1981, RSVP celebrated its 10th anniversary. Over the last 12 years, several thousand communities all over the country have benefited from the efforts of RSVP volunteers.

RSVP is inherently a local community program. Each RSVP project is locally planned, operated, controlled, and supported. The non-Federal support of the budget is not required to be more than 10 percent during the first year. Project sponsors are expected to increase local support of the project budget by 10 percent each of the second and third years, assuming at least 30 percent financial responsibility each year thereafter.

A person 60 years of age or over is eligible to enroll in the program. There are no income, education, or experience requirements. Orientation, inservice training, and recognition are provided for the volunteers. Volunteers serve without compensation, but transportation assistance is provided between their homes and volunteer assignments when needed. Accident, personal liability, and, when appropriate, excess auto liability insurance, are provided.

RSVP promotes older citizens as a resource capable of improving community life. They serve inhospitals, schools, courts, crisis centers, and other similar settings, assisting clients of all ages. They are involved in projects dealing with health care delivery, energy conservation, operation of food co-ops, and fixed income counseling.

In 1983, RSVP emphasized expansion in services to youth, consumer education, in-home care, and crime prevention. RSVP volunteers have made significant contributions in these and other areas. To focus on one, crime prevention, RSVP volunteers have been involved in crime awareness, property marking, juvenile probation, neighborhood watch, crime analysis, and victim/witness assistance programs.

In the Ojai Valley in California, for example, 41 RSVP volunteers, 31 of whom are male, are working in a comprehensive community crime prevention program. Their efforts have resulted in a 21-percent reduction of theft and property crime, according to the sheriff's department. In addition, these volunteers have:

—Fingerprinted 850 children as part of a child safety effort called "Operation Fingers."

—Conducted 14 neighborhood watch seminars.

—Made 1,098 vacation house checks.

—Installed 450 smoke detectors in the homes of other seniors.

On the other side of the country, in Richmond, Va. RSVP volunteers are working in the police department itself where they review an average of 90 crime offense reports daily. They abstract information from the reports and chart it in logbooks, thus facilitating crime analysis. In a recent month, the police department, aided by this data, called for five stakeouts which resulted in three arrests.

Some of the work volunteers do require very specialized training. About 17 RSVP volunteers in Detroit are assigned to work in the courts with first-time juvenile offenders. Working with professional counselors, the volunteers carry a caseload of 6 to 10 young offenders whom they see weekly in their paraprofessional role of volunteer probation officers.

As a further expansion of concern about juvenile justice, there is an interagency agreement between ACTION and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the Department of Justice through April 1984. ACTION received a grant from OJJDP to expand RSVP projects in Georgia, Seattle, Louisiana, Camden, N.J., and Pensacola, Fla., to test the idea of using older Americans as volunteers in the juvenile justice system.

RSVP is a very diverse program. In El Paso, RSVP opportunities have been developed for people who are often overlooked as potential volunteers. Nursing home residents, the homebound, and the handicapped, are being recruited for a variety of placements.

The volunteers, many of whom are Mexican-American, are involved in different activities. Some include:

—Volunteers in a nursing home have taken charge of a "county store" which sells incidental items and candy to other residents.

—A woman confined to a wheelchair volunteers at the information desk of a hospital and a blind RSVP volunteer tells stories to children in a day care center. Another blind volunteer works as a peer counselor with others who are blind.

—Homebound volunteers participate in a telephone reassurance program. In the process of reassuring others, they are reassured themselves that they are not cut out of the stream of life, that they are not denied the chance to be helpful to others.

In 1982, RSVP embarked on a cooperative demonstration effort with the senior companion program (SCP) in the provision of services in need of long-term care to remain in their own homes, and two RSVP projects participated. These demonstration efforts examined various policy questions and tested specific variations in program models and volunteer service activities and are now being evaluated.

Through an interagency agreement with the U.S. Department of Health and Human Services, ACTION received an $86,400 grant for RSVP to fund seven RSVP projects to provide a variety of volunteer services in assistance to a number of Head Start programs.

This enabled RSVP to recruit volunteers who are now providing tutorial assistance in early childhood education, assistance in speech therapy, help in coordination of activities for handicapped children, and help in supervision of children's meals, games, and reading activities.

Since 1971, the retired senior volunteer program has experienced considerable growth. At the beginning of 1972 there were 34 RSVP projects and 1,816 RSVP volunteers. By the end of fiscal year 1983, with a budget of $27.4 million, there were 728 federally funded projects and over 332,000 RSVP volunteers participating nationwide.

There are RSVP projects currently operating in all 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands.

Older Americans are a national resource of tremendous worth. And as the need for volunteer service becomes even more pressing, the experience and ability of more than 332,000 RSVP volunteers will become increasingly valuable.

OLDER AMERICAN VOLUNTEER PROGRAMS (OAVP)

	Retired senior volunteer program	Foster grandparent program	Senior companion program
Fiscal year 1982 actual:			
Number of grants	[1] 722	233	76
Volunteer end strength	332,000	18,100	4,800
Obligations	$26,365,000	$46,029,000	$12,116,000
Fiscal year 1983 actual:			
Number of grants	728	244	76
Volunteer end strength	332,000	18,350	4,800
Obligations	$27,445,000	$48,400,000	$12,016,000

[1] A Sponsorship for seven grants were being transferred, but trnsfer was not accomplished prior to end of fiscal year.

ITEM 15. CIVIL AERONAUTICS BOARD

DECEMBER 15, 1983.

DEAR MR. CHAIRMAN: Thank you for your letter of November 1 requesting our submission for your committee's annual report entitled "Developments in Aging" by December 19, 1983.

In accordance with your request, I have enclosed our report for inclusion in the committee's report.

Please let us know if we can be of further assistance.

Sincerely,

DAN MCKINNON, *Chairman.*

Enclosure.

The Civil Aeronautics Board approved a new rule 3 years ago prohibiting discrimination against air travelers predicated on the person's age. This action was undertaken in furtherance of the Board's implementation of the Age Discrimination Act of 1975 (ADA) 42 U.S.C. 101. The rule was sent to Health and Human Services (HHS) for approval in April 1980.

On July 10, 1981, the Board's General Counsel sent a letter to the Secretary of HHS reminding him that our rule had been pending at HHS for 15 months and asking that we be allowed to issue our rule without the self-evaluation requirement, which is the subject of a dispute between HHS and the Office of Management and Budget (OMB). By letter dated August 3, 1981, the Assistant General Counsel, Civil Rights Division, replied that HHS expected to resolve the dispute with OMB soon and requested that we not publish our final age discrimination regulations until this occurs. On May 17, 1983, the Board received a letter from the Director, Office of Civil Rights of Health and Human Services, stating that their review process had been complicated by the pendency of litigation filed February 2, 1983, in the District Court for the District of Columbia against HHS and OMB. The suit was brought by several advocacy organizations for the elderly seeking a swift adoption of individual agency regulations to enforce the ADA. HHS believes they have acted properly in implementing the ADA and are defending against the plaintiffs allegations. Further, HHS stated that "as soon as this litigation is resolved, they will move promptly to approve all regulations submitted for review or advise of the required revisions." We have received no further word from HHS.

During fiscal year 1983, the Board received eight complaints from elderly passengers who had experienced age-related problems with air transportation. The complaints were satisfactorily resolved on an informal basis obviating formal enforcement consideration.

In the few matters that came to the Board's attention in fiscal year 1983, there does not appear to be any pattern or practice of age discrimination in the airline industry, including any carriers receiving Federal financial assistance. Therefore active intervention by the Board has been required.

ITEM 16. COMMISSION ON CIVIL RIGHTS

JANUARY 27, 1984.

DEAR MR. CHAIRMAN: The U.S. Commission on Civil Rights is pleased to respond to your request for a statement describing Commission activities during fiscal year

1983 affecting the interests of older persons. Please accept my apology for any inconvenience our delayed response may have caused.

As you know, the U.S. Commission on Civil Rights is an independent Federal agency established by Congress to study and collect information on discrimination and denial of equal protection of the laws, to appraise the laws and policies of the Federal Government, to serve as a national clearinghouse for information on civil rights, and to report to the President and Congress. The Commission's jurisdiction covers matters involving discrimination based on race, color, religion, sex, national origin, age, handicap, and in the administration of justice. Please note that the newly reconstituted Commission has neither accepted nor rejected the policy positions discussed below.

In November 1982, the Commission issued part II of the two-part study on racial and ethnic discrimination in federally-assisted programs for older Americans. Entitled "Minority Elderly Services: New Programs, Old Problems—Part II," the report contains the results of a national survey of Federal, State, and local agencies on aging. Part II also discusses minority experiences in connection with employement, grants and contracts, and service delivery in Older Americans Act programs. The Commission concluded that although minority elderly persons can be found among program participants, full participation by minorities is a goal not yet met.

During fiscal year 1983, the Commission continued to monitor legislative, legal, and regulatory developments affecting Federal enforcement of prohibitions against age discrimination. Throughout the year, in correspondence with Federal officials and in several public statements, the Commission made clear its concern that the U.S. Government's position in *Grove City* v. *Bell,* a case involving title IX of the Education Amendments of 1972 currently before the Supreme Court, could seriously weaken enforcement of the Age Discrimination Act of 1975, as well as title IX, title VI of the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973. The Commission also reviewed and evaluated how well the Department of Health and Human Services has coordinated enforcement efforts under the Age Discrimination Act and concluded that HHS has failed to do so effectively ("Federal Civil Rights Commitments: An Assessment of Enforcement Resources and Performance," 1983, pp. 65–70).

Finally, the Commission continued to respond to requests for information on age discrimination and the 51 State advisory committees to the Commission continued to monitor activities affecting older persons. Where feasible, the Commission maintained its effort to include in research projects and investigations those concerns related to the Commission's jurisdiction over age discrimination.

If you have any questions regarding the Commission's report or if I can be of further assistance, please do not hesitate to contact me at 523–5571.

Sincerely,

LINDA CHAVEZ, *Staff Director.*

ITEM 17. CONSUMER PRODUCT SAFETY COMMISSION

JANUARY 3, 1984.

DEAR MR. CHAIRMAN: Thank you for once again providing the opportunity for the Consumer Product Safety Commission to be included in the Senate Special Committee on Aging's annual report, "Developments in Aging." The Commission has a special interest in making the older consumer more safety conscious. A special information and education priority project has been initiated at the Commission for 1984 and 1985 which will focus on safety in the home for the older consumer.

Our submission for the committee's report is enclosed. Please let me know if you have any questions.

Sincerely,

NANCY HARVEY STEORTS, *Chairman,*

Enclosure.

CONSUMER PRODUCT SAFETY COMMISSION REPORT ON ACTIVITIES RELATED TO OLDER CONSUMERS

The Consumer Product Safety Act (Public Law 92–573) was enacted in 1972 in recognition of the need for Federal regulation to insure safer consumer products. The act established the Consumer Product Safety Commission and charged it with the mission of reducing the number and severity of consumer product-related injuries, illnesses, and deaths. An amendment to the CPSA requires the Commission to "consider and take into account the special needs of the elderly and handicapped to determine the extent to which such persons may be adversely affected by (a Consumer Product Safety) rule."

Our activities, including injury-data collection, research studies, standards development, and information and education programs, are not directed solely to programs for the benefit of our older Americans. However, improving product safety for the elderly is an important continuing objective of the Consumer Product Safety Commission. While none of the laws administered by CPSC apply solely to the elderly, the Commission recognized that the elderly are particularly vulnerable to injuries associated with various home structures, including bathtubs, showers, floors, stairs, unvented gas space heaters, and upholstered furniture. Moreover, the Commission has an active interest in the safety of older consumers and has given priority attention to this important task.

INJURY DATA COLLECTION

The Commission's primary source of information on product-related injuries in the National Electronic Injury Surveillance System (NEISS). The NEISS is designed to have a statistically selected set of 73 hospital emergency rooms located throughout the country which report to the Commission, on a daily basis, data on product-related injuries treated in those emergency rooms. The Commission estimates that 622,400 persons 65 years of age or older were treated for product-related injuries in hospital emergency rooms in the United States and the U.S. Territories in calendar year 1982. The elderly were hospitalized for these injuries at a much higher proportion (20 percent) than the population as a whole (5 percent). Injuries associated with stairs, steps, floors, or flooring materials were suffered most frequently by the elderly. Other major product categories associated with injuries which particularly affect the elderly are those most commonly found in and around the home, including chairs, beds, doors, ladders, bathtub and shower structures, knives, rugs and carpets.

ACTIVITIES RELATED TO THE ELDERLY

The Commission recognizes that many products used by the total population of consumers may present special problems for the elderly. The elderly, therefore, comprise a group which the Commission focuses on, as a matter of policy, in carrying out its mission to reduce the unreasonable risk of injury from consumer products.

The Commission has formally recognized the unique needs of the elderly and special population groups in selecting project priorities. The "vulnerability of the population at risk" is one of seven factors which the Commission weighs in determining priority projects.

1983

The Commission has noted that elderly consumers are frequently the victims in fires from wood-burning heating equipment and upholstered furniture. Wood-burning heating equipment and upholstered furniture flammability continued to be two of the Commission's 1983 project priorities. Our wood-burning heating equipment studies have shown that many fires result from improper installation, use, and maintenance of appliances, chimneys, and chimney connectors. This information was taken into consideration during the Commission's development of a mandatory labeling rule for wood and coal stoves requiring that extensive safety information be provided to consumers. The Commission is also working with upholstered furniture manufacturers in the development of a voluntary industry program to produce upholstered furniture that is more resistant to cigarette ignitions.

Residential wiring (fixed wiring, circuit breakers, light fixtures, receptacles, etc.) is believed to be responsible for 10 percent of all residential fires or approximately 58,000 fires. These fires were associated with 1,400 injuries and 500 deaths. Many of these fires occur in older homes owned by elderly persons whose electrical systems are old and deteriorated. The Commission is continuing to study the potential fire hazards associated with deteriorated electrical systems.

The Commission also has found elderly consumers to be particularly vulnerable to stairway accidents resulting in an estimated 2 million injuries and 1,000 deaths annually. Commission staff has begun to develop a plan on how to get appropriate organizations and groups to implement recommendations to improve new stairway safety designs focusing on reducing injuries, particularly to the elderly.

1984

The Commission has designated the safety for older consumers project for priority attention in fiscal years 1984 and 1985. This 2-year effort will focus on safety in the home. Since most elderly consumers are not living in housing specifically designed to accommodate their needs, special attention may be needed to upgrade the safety of products they live and work with—stairs, baths, carpeting, lighting, flammable fabrics, heating equipment, and other items. Early in fiscal year 1984, CPSC staff will develop a "home safety checklist"—a series of simple, inexpensive recommendations for improving home safety.

To bring about actual improvements in the homes of older Americans, the Commission plans to conduct a pilot "home safety aduit" program in two sites: Philadelphia, Pa., and Green Bay, Wis. Working closely with State and local agencies on aging, groups and organizations which represent the aging, and local community networks, older consumers in the area will be contacted and invited to participate in the pilot program. Of those who respond positively, a sample of 2,000 homes will be selected for safety audits.

The safety auditors themselves will be older Americans. Using materials and a training program provided by CPSC, safety auditors will be trained to conduct visits and inspections of residences occupied by the elderly. The safety auditors will use the checklist developed by the Commission to walk through the home with the residents, noting obvious hazards or opportunities for simple, inexpensive modifications to improve safety. A copy of the checklist will be left with the homeowner.

If the pilot program is successful in helping older consumers to eliminate potential hazards in their homes, the Commission plans to work with other Federal, State, and local agencies throughout fiscal year 1985 to promote similar programs in communities across the country.

INFORMATION AND EDUCATION

In October 1982, the Commission launched a 2-year smoke detector information and education program. It was the Commission's top priority information and education program during fiscal year 1983. Because fire is the second most frequent cause of accidental death in the home for persons of all ages—with the elderly being the age group with the highest death rate—the Commission's goal was to increase the number of homes with properly installed and maintained smoke detectors to provide early warning of fire. It was estimated at the start of the program that 40 percent of the population did not have smoke detectors, and that the elderly, particularly low-income elderly, were an age group which especially needed to be targeted for assistance in this area.

CPSC's program consisted of encouraging and cooperating with State and local programs around the country, and of working with fire departments and other organizations to provide information about smoke detector programs, and to promote giveway and low-cost sales programs for elderly and low-income persons. Between October 1982 and September 1983, an estimated 1,589 communities and 26 States conducted smoke detector programs, and (by conservative estimate) over 1 million smoke detectors were given away or sold at discount. Millions of pieces of literature about smoke detectors were distributed in door-to-door campaigns, much of it reprinted at local expense from CPSC information and brochures.

Several Senators and Members of Congress provided support for the program through their newsletters and local offices. The media provided good coverage of the campaign, encouraged by visits of CPSC Commissioners around the country, and by the issuing of proclamations by mayors and executives of many towns and counties. The American Association of Retired Persons, working with CPSC staff, developed a large-type safety alert on smoke detectors which was made available to millions of AARP members and other senior citizens. Other organizations working with senior citizens carried safety messages about smoke detectors in newsletters and magazines, and several participated in local community campaigns, along with consumer organizations, businesses and industries, and many service organizations. Examples of the kinds of local efforts which were generated by this effort was a program in Eureka, Calif., where a local foundation contributed $20,000 for the purchase of smoke detectors, the area agency on aging, with the help of local organizations identified persons over 60 who needed them, and local fire departments did the installations. In another community a medical center purchased 325 smoke detectors for the elderly living in the community surrounding the medical center, and the firefighters union donated time to install the detectors. The smoke detector campaign will continue through September 1984, and getting smoke detectors into the homes of elderly persons will continue to be a major goal of the program.

During fiscal year 1983, the Commission developed plans for a major fiscal year 1984 information and education program on the safety of senior citizens. [1] As part of this planning, CPSC Commissioners and staff engaged in such activities as the following:

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[1] Described in separate section of CPSC report.

—Commissioners talked about CPSC's interest and plans for a senior citizen home safety program in speeches and public appearances around the country.

—CPSC's regional representative in Seattle joined business, government, and senior citizen leaders on the planning committee for the first Senior World's Fair, January 13-15, 1984.

—CPSC had an exhibit on household falls at the 1983 annual conference of the National Council on Aging in Detroit.

—In California, a CPSC public affairs specialist helped public health officials design a safety curriculum for seniors which focuses on fire, falls, and home safety; it is available for use by health agencies and fire departments.

—CPSC redesigned with larger type its brochure on "Poison Prevention Packaging: Alternatives for Olders Consumers and the Handicapped."

In fiscal year 1983, the Commission made its toll-free hotline even more accessible to consumers by changing the number to the easy-to-remember acronym 800-638-CPSC. The hotline, which serves all 50 States, Puerto Rico, and the Virgin Islands, gives older consumers an easy way to contact the Commission for information about hazardous products, recalls, or safe use of consumer products. The Commission also maintains a teletypewriter for hearing-impaired persons, with a toll-free number of 800-638-8270 (Maryland only: 800-492-8104).

ITEM 18. ENVIRONMENTAL PROTECTION AGENCY

JANUARY 9, 1984.

DEAR MR. CHAIRMAN: This is in response to your letter of November 1, 1983, in which we enclose a report on the continuing success of older worker activities at the Environmental Protection Agency.

Sincerely yours,

WILLIAM D. RUCKELSHAUS, *Administrator.*

Enclosure.

1983 SENIOR ENVIRONMENTAL ASSISTANCE ACTIVITIES REPORT

The Senior Environmental Employment (SEE) Corps was created in concert with State environmental agencies and the financial aid of the Administration on Aging, Department of Health and Human Services. The Corps has provided meaningful part-time employment to several hundred older Americans in Jobs relating to the prevention, abatement, and control of environmental pollution. The jobs include surveying toxic chemicals used in industrial areas, educating the public on areawide water quality planning, establishing and enforcing noise abatement control programs, establishing and managing agency environmental libraries, presenting educational programs on the use of pesticides, and the hazards of poisoning to farmworkers, and working on surveys of environmental carcinogens. EPA is utilizing SEE Corps participants at all levels of government and benefiting from their experiences and knowledge in the prevention, abatement, and control of environmental pollution.

For example, our Office of Toxic Substances has found older workers, with their vast experience in dealing with people, do an excellent job relating to top managers in schools, school boards, and State offices of public instruction on the possible hazards of asbestos materials in public buildings. Our Office of Monitoring Systems and Quality Assurance, within the Office of Research and Development, has found that using older workers in crisis situations, such as Three Mile Island and Love Canal, lessen the problems of creating a special work force to meet such circumstances. Under the SEE Corps, qualified older workers can be recruited on short notice to assist in work to be done in similar crises.

In addition, our former Office of Noise Abatement and Control developed a cadre of senior citizens to combat noise pollution. Some were volunteers and are still serving as noise counselors in 50 or more communities throughout the country. Other older workers, who are paid by Department of Labor title V funds, are serving as noise representatives, giving technical assistance to States and communities or assisting in noise surveys and public education. Yet another SEE Corps program deals with solid and hazardous waste disposal methods. The senior citizens work with Federal, State, and local governments and civil organizations to establish proper disposal procedures for the waste.

EPA has supported other environmental activities funded by title V including older worker programs in Florida, Alabama, California, Iowa, New Jersey, and Washington. In addition, the Agency has helped to support poison-alert programs at the local level, and the monitoring of landfills to measure the gases seeping from underground to surface.

For the past several years, the Congress has sponsored a bipartisan program designed to acquaint selected senior citizens with the working of the legislative branch. This program, called the congressional senior citizen intern program, has historically included information sessions with several executive branch agencies who have programs on aging. As a result of the success of the SEE Corps, EPA was asked to participate in the program. The program provides EPA with an excellent opportunity to acquaint the 350 or so distinguished older Americans with the history, objectives, and goals of the Agency, as well as the opportunities that the SEE Corps can afford them and their fellow senior citizens.

EPA has recruited and trained throughout the country a nucleus of senior citizens whom we can call upon from time to time to do surveys to generate pesticide usage data. This allows EPA to establish statistically valid information which will permit States to monitor the kinds and amounts of pesticides being applied and aggregate State data on pesticides.

EPA has developed a film called "SEE—It's Working." It is about SEE workers and how States have benefited from their talents and skills under the SEE Corps. In addition, we have published a pamphlet on the SEE Corps.

EPA is very committed to the Senior Environmental Employment (SEE) Corps, the utilization of the wealth and experience possessed by older workers. We believe that the SEE Corps provides excellent opportunities for older citizens to participate in the benefits of the program, while improving environmental quality for everyone.

ITEM 19. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DEAR MR. CHAIRMAN: Enclosed is the Equal Employment Opportunity Commission's submission for inclusion in the committee report, "Developments in Aging."

Sincerely,

PHYLLIS BERRY,
Director, Office of Congressional Affairs.

Enclosure.

ADMINISTRATIVE CHARGE PROCESSING

INTRODUCTION

The Equal Employment Opportunity Commission continues to vigorously enforce the Age Discrimination in Employment Act (ADEA). ADEA enforcement is increasingly a larger share of the Commission's workload. Fiscal Year 1983 marked the fifth consecutive year in which the number of ADEA charges filed with and resolved by the Commission increased. Last year over 18,000 ADEA charges were filed with the Commission, compared to 5,300 in fiscal year 1979.

At the beginning of fiscal year 1983, EEOC's headquarters offices were reorganized; a reorganization of field units is to be implemented in mid fiscal year 1984. The changes will permit the Commission to improve management accountability, insure uniformity in programs, and efficiently allocate resources to meet shifting workloads.

I. INTEGRATION OF STAFF COMPETENCIES

A. Headquarters Reorganization

In October 1982, the Commission's headquarters was reorganized structurally and functionally. A major part of the reorganization was the establishment of the Office of Program Operations; all of the Commission's private and public sector nonlitigation enforcement programs were consolidated in this office. Program Operations has the responsibility for the administrative charge process in all EEOC field offices, as well as the systematic program, the State and local FEP program, and Federal sector complaint processing and affirmative action requirements.

The Director of Program Operations has three Regional Program Directors reporting to her. Each Regional Program Director, located in Washington, has oversight responsibility for the field offices in a geographical third of the country. Currently, the Commission has 48 field offices--22 district and 26 area offices. It is in these field offices where the intake of charges, factfinding, and conciliation efforts take place. Within the Office of Program Operations, staff with special expertise in the ADEA has been assigned to each of the three Regional Program Directors to improve oversight of the field office activity under that statute.

B. Field Reorganization

In January 1983, the Commission passed a field reorganization proposal which has now been implemented on a pilot basis in three district offices (Philadelphia, St. Louis, and Phoenix) and which will be implemented nationwide in mid-fiscal year 1984. The cornerstone of this reorganization is the establishement of a professional staff in field offices capable of investigationg and resolving charges and complaints received under title VII of the Civil Rights Act of 1964, the ADEA, and the Equal Pay Act.

Since the Commission first assumed responsibility for enforcement of the ADEA in 1979, age processing units have been maintained distinct from other enforcement programs. The Commission chose this structure so that the statute would receive a high level of attention and the Commission could develop employee units with particular expertise in the ADEA. In the last 4½ years, the Commission has acquired that expertise. The agency has secured favorable decisions from the Supreme and appellate courts; it has issued procedural guidelines on ADEA charge processing, undertaken scores of directed investigations, and each year has accepted and processed record numbers of ADEA charges.

The Commission feels that given current resources it can no longer dedicate staff to exclusively to one function. The Commission is ever mindful of developing a backlog of charges be they title VII, age, or equal pay. To aviod this and keep charge inventories current, field managers have stressed the need for greater flexibility in assigning personnel. The field reorganization was designed and will be implemented so that managers can assign staff to process any administrative charge and perform all phases of the process—factfinding, investigation, or conciliation. Field managers will be able to shift personnel according to workload. To accomplish this generalist approach to charge processing, training of professionals in the field was begun during fiscal year 1983 and is to be expanded during this fiscal year. Particular emphasis in training will be placed on the special procedural and substantive issues which arise under the ADEA.

II. INCREASE IN ADEA CHARGE PROCESSING ACTIVITY

A. Charge Receipts

Initial analysis of fiscal year 1983 yearend data shows that there was a marked increase in ADEA filings. EEOC field offices and State and local fair employment agencies experienced a 63 percent increase in the number of charges and complaints filed under the ADEA over the preceeding year. EEOC alone received almost 50 percent (18,087 versus 11,063) more ADEA charges in fiscal year 1982. Over the last 4½ years the number of ADEA charges filed with the Commission has grown from 5,374 in fiscal year 1979 to 18,087 last year or a 330 percent increase.

ADEA charges have also become a great proportion of the Commission's overall administrative workload. In fiscal year 1979, ADEA charges accounted for approximately 14 percent of the Commission's intake. Last year the figure had risen to 25 percent.

ADEA FILINGS COMPARED TO CHARGE FILINGS WITH THE COMMISSION

	Fiscal year—				
	1979	1980	1981	1982	[1] 1983
ADEA receipts	5,374	[2] 8,779	[2] 9,479	[2] 11,063	[2] 18,087
EEOC charge receipts	40,653	59,248	56,228	54,145	70,252
ADEA charges as percent of total charges [3]	14	15	17	20	25

[1] Preliminary unreconciled data.

[2] Includes ADEA and concurrent title VII/ADEA charge filings.

[3] Approximate percentages.

ADEA CHARGES RECEIVED BY DISTRICT OFFICES

	Fiscal year 1983 receipts [1]	Compared to fiscal year 1980 receipts, EEOC's first full year of ADEA responsibility
Atlanta	524	343
Baltimore	806	483
Birmingham	609	353
Charlotte	658	334
Chicago	921	489
Cleveland	1,264	520
Dallas	890	427
Denver	612	274
Detroit	565	250
Houston	748	413
Indianapolis	633	297
Los Angeles	774	274
Memphis	882	464
Miami	1,308	317
Milwaukee	[2]1,536	296
New Orleans	474	223
New York	558	1,077
Philadephia	1,483	739
Phoenix	399	272
San Francisco	777	251
St. Louis	815	505
Seattle	821	172
Total	18,087	8,779

[1] Unreconciled data.

[2] 465 of these charges were filed against one company and an additional 461 charges were filed against the union at the company.

B. Charge Closures

Initial analysis of fiscal year 1983 data also shows that the district and area EEOC offices also increased by 65 percent the percentage of ADEA charges and complaints closed during this past fiscal year as compared to fiscal year 1982. A total of 13,644 ADEA charges and complaints were closed during fiscal year 1983. In fiscal year 1983, the Commission had closed 8,266 ADEA charges. The average processing time for ADEA charges fell from 212 days in fiscal year 1982 to 167 days in fiscal year 1983.

III. DIRECTED INVESTIGATIONS

All 22 district offices initiated directed investigations during fiscal 1983. Most of the offices began upward of 10 investigations. The majority of these investigations involved State and local governments which rely on State and municipal ordinances prescribing mandatory retirement ages or age limits for hiring for certain public positions, e.g., police and fire officers. The results of the directed investigation program in terms of the Commission's litigation are discussed elsewhere in this report. Some district offices were able to obtain voluntary compliance with the ADEA without resort to litigation. One district office indicated that as a result of its investigation, the State legislature will amend its laws to conform to the ADEA.

IV. CHALLENGES TO EEOC'S AUTHORITY TO ENFORCE THE ADEA

During the last half of fiscal year 1983, following the Supreme Court's ruling in *Immigration and Naturalization Service* v. *Chadha*, the Commission's enforcement efforts were slightly hampered by challenges to the Commission's jurisdiction to enforce the ADEA. During fiscal year 1983, field managers encountered 13 situations in which respondent employers refused to cooperate in an investigation or conciliation attempt with the Commission, on the ground that EEOC did not have authority to process ADEA cases. The Commission's General Counsel has sent comprehensive directions as to how to respond to these challenges. Moreover, as more courts rule

Chadha inapplicable to the Commission's ADEA enforcement authority, the issue seems to be fading.

V. REVISIONS TO THE ADEA COMPLIANCE MANUAL

EEOC field offices currently process cases under title VII, the ADEA, and the Equal Pay Act using procedures described in three separate compliance manuals. As a part of the Commission's initiative to enhance EEO enforcement by restructuring its field offices, Program Operations is consolidating EEOC compliance procedures into one manual for use by all field staff. Preparation of the consolidated manual is well under way.

Generally, common procedures will be adopted, except where the special provisions of each statute require differences. The new procedures will assure a more complete initial interview of ADEA charging parties, including consideration of whether alleged violations have adversely affected other older workers. Closer attention will be given to the development of ADEA cases which will be even more fully investigated. Local litigation plans in each district office will appropriately include cases under this statute. Finally, standards for settlement of cases will be redefined to provide greater assurance that there will be an appropriate resolution for every ADEA case.

VI. FEDERAL SECTOR ADEA PROCESSING

Federal employees and applicants for Federal jobs who believe that they have been discriminated against on the basis of their age in employment may initiate the same administrative process as that used by employees/applicants who believe that they have been discriminated against under title VII. During fiscal year 1982, 9.1 percent of the allegations made in formal complaints filed with agencies were on the basis of age. Data for fiscal year 1983 are not yet available.

ADEA Cases Litigated by the Appellate Services Division

During the past year, the U.S. Circuit Courts of Appeals and the Supreme Court rendered decisions in approximately 10 cases in which the Equal Employment Opportunity Commission participated. The EEOC appears in the circuit courts directly through its Appellate Services Division of the General Counsel's Office located in Washington, and in the Supreme Court through the Solicitor General of the United States. In both courts, the EEOC defends its successful lower court decisions and seeks to overturn unfavorable ones, as well as appears as amicus curiae in private litigation involving legal questions that are important to the enforcement of the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. 621 et seq. The EEOC also participates as amicus curiae in important cases in the State courts.

I. COURT DECISIONS

A. Constitutionality of the ADEA and Statutory Construction

(1) *EEOC* v. *Wyoming*, 103 S. Ct. 1054 (1983). The Supreme Court held that the extension of the ADEA to cover employment practices of State and local governments was not an unconstitutional infringement of the 10 amendment.

(2) *Anness* v. *The Steelworkers*, 31 FEP Cases 1447 (6th Cir. 1983). Provision in 1978 ADEA amendments which postpones effective date of amendments where employment is governed by collective bargaining agreement "in effect" on September 1, 1977, does not apply to agreements signed after that date but made retroactive to September 1.

B. Scope of Private Lawsuits

(1) *Burns* v. *Equitable Life Assurance Society*, 696 F.2d 21 (2d Cir. 1982). Private ADEA actions, formally commenced in district court, may continue notwithstanding a later filed Government suit arising from the same facts.

(2) *EEOC & Matheny* v. *Zippo Mfg. Co.*, 713 F.2d 84 (3d Cir. 1983) (rehearing denied). The third circuit ruled that a "hybrid" economic realities test emphasizing the right to control is the appropriate one to use in determining whether individuals are employees or independent contractors under the ADEA.

(3) *Maine Human Rights Commission* v. *Kennebec Water Power Co.* (Maine Supreme Judicial Court) (November 15, 1983). The Maine Supreme Court held that the State act which did not incorporate the age 40 to 70 limits of the ADEA was intend-

ed by the Maine Legislature to protect citizens of all ages and that it was not preempted by the ADEA.

C. The Bona Fide Occupational Qualification and Business Necessity Defenses

(1) *EEOC & County of Allegheny* v. *Pennsylvania,* 705 F.2d 679 (3d Cir. 1983). The ADEA is violated by a 35-year-old maximum hiring age for police officers.

(2) *EEOC* v. *County of Los Angeles,* 706 F.2d 1039 (9th Cir. 1983). Age less than 40 years old held not a "bona fide occupational qualification" for hire into positions of deputy sheriff and helicopter pilot. Government employment statutes with maximum hiring ages for comparable Federal employees held not to establsih FBOQ for State and local positions.

(3) *EEOC* v. *Western Electric Co.,* 713 F.2d 1011 (4th Cir. 1983). Court of appeals overturned as clearly erroneous district court decision that the company violated the ADEA by demoting and/or retiring older supervisors on the basis of age during a 1974–76 reduction in force in its nine-State southern region.

(4) *EEOC* v. *University of Texas Health Science Center,* 710 F.2d 1091 (5th Cir. 1983). The fifth circuit upheld, as not clearly erroneous, the district court's holding that the University of Texas' hiring ceiling of age 45 for campus police officer was a FBOQ under the Age Act.

(5) *EEOC and Thurston* v. *TWA & ALPA,* 713 F. 2d 940 (2d Cir. 1982), pet. for reh. denied, 32 FEP Cases 1185 (October 1983). Court of appeals directed that summary judgment be entered in favor of EEOC that TWA and ALPA violated the ADEA by refusing to allow captains to transfer into flight engineer vacancies effective after their 60th birthdays and by retiring them instead.

(6) *Leftwich* v. *Harris-Stowe State College,* 702 F. 2d 686 (8th Cir. 1983). The court held that defendants' need to reduce costs did not establish a business necessity defense for its policy of reserving a certain number of positions for nontenured faculty members, which had a disparate impact on older professors.

D. The Right to a Jury Trial

(1) *EEOC* v. *Correy Jamestown Corp.* (3d Cir. decided October 17, 1983). The EEOC has a right to a jury trial when it sues on behalf of an individual employee for violations of the ADEA.

II. CASES IN WHICH THE EEOC HAS PARTICIPATED, BUT THE COURT HAS NOT YET RENDERED A DECISION

(1) *EEOC* v. *Borden, Inc.* (9th Cir.). Issue: Whether denial of serverance pay to pension eligible employees violates the ADEA.

(2) *EEOC* v. *Chrysler Corp.* (6th Cir.). Issue: Whether the district court abused its discretion in granting a preliminary injunction requiring Chrysler to offer employees who had been involuntarily retired during Chrysler's reduction in force the opportunity, which was offered to younger employees at the time of the reduction in force, of going on layoff status with the possibility of recall.

(3) *EEOC* v. *City of Altoona* (3d Cir.); *EEOC* v. *City of New Castle* (3d Cir.). Issue: Whether city's adherence to State Statute requiring that the first to be laid off be the oldest and most senior of those eligible for pension violates the ADEA.

(4) *EEOC* v. *Wayne County Community College* (6th Cir.). Issue: Whether a college president is a policymaking appointee and therefore not protected by the ADEA.

(5) *EEOC* v. *Westinghouse Electric Corp.* (3d Cir.). Issue: Whethr denial of severance pay to pension eligible employees violates the ADEA.

(6) *Gathercole* v. *Global Assocs.* (9th Cir.). Issues: One, Whether district court correctly held Global was not entitled to a BFOQ or good faith defense as matter of law simply because its contract with the Army provided that pilots would not be employed past their 60th birthdays. Two, Whether jury properly awarded back pay beyond date plaintiff's FAA flight certificate expired.

(7) *Monroe and EEOC* v. *United Air Lines* (7th Cir.). Issues: One, Is age below 60 a BFOQ for the position of flight engineer? Two, Did United violate the ADEA by refusing to permit age 60 captains to transfer to flight engineer positions, while permitting younger captains to make such transfers?

(8) *Pan American World Airways* v. *New York State Human Rights Appeal Board* (N.Y. State Court of Appeals). Issue: Whether the complainants' state claims of age discrimination were barred by the settlement of a suit by the Federal Government under the ADEA, where the complainants were not parties to the Federal action and did not obtain relief under the settlement.

AGE DISCRIMINATION IN EMPLOYMENT ACT LAWSUITS FILED IN FISCAL YEAR 1983

During fiscal year 1983, the Commission filed 33 lawsuits under the Age Discrimination in Employment Act (ADEA). In addition, five other ADEA cases were approved for litigation by the Commission, but were not filed. Two of the unfiled cases were resolved during presuit discussions, and another case is still involved in such discussion. The remaining two cases have already been, or soon should be filed in the current fiscal year.

The following is a descriptive list of the actions filed in fiscal year 1983.

City of Bellflower. C.D. Cal., No. 82-5688-RMT, filed November 3, 1982. Los Angeles district office. One-on-one: Refusal to promote the charging party, age 62, to the position of public works inspector for the stated reason that he "would probably retire in a couple of years."

Marshall Field & Co. N.D. Ill., No. 82-C-7032, filed November 14, 1982. Chicago district office. Pattern-or-practice: Termination or demotion of approximately 230 upper- and middle-management executives during an internal reorganization. Consolidated with a pending private action on behalf of 55 of the aggrieved individuals.

City of Waco & State of Texas. W.D. Tex., No. W-82-CA-242, filed November 22, 1982. Dallas district office. Pattern-or-practice: Refusal to consider a retired Army NCO, age 44 and with extensive military police experience, for employment as a police officer solely because of age.

Lilly Industrial Coatings, Inc. S.D. Ind., No. IP82-2266-C, filed December 17, 1982. Indianapolis district office. One-on-one: Refusal to hire the charging party, age 50, into technical position for the reason—stated in writing—that "young and much less experienced people" were being sought.

City of Portland. D. Ore., No. 83-50, filed January 13, 1983. Seattle district office. Pattern-or-practice: Threatened involuntary retirement of police captain, age 64, pursuant to city ordinance.

Ingersoll Johnson Steel Co. S.D. Ind., No. IP83-269-C, filed February 24, 1983. Indianapolis district office. Pattern-or-practice: Termination and partial replacement of 21 salaried employees within the protected age group. Statistics are supported by evidence of discriminatory motive. Consolidated with pending private action on behalf of seven of the aggrieved individuals.

ITT Hoffman Specialty Corp. S.D. Ind., No. IP83-442-C, filed March 28, 1983. Indianapolis district office. One-on-one: Failure to promote charging party, age 57, to customer service manager. A less senior and less experienced employee, age 26, was promoted instead.

National Cash Register Co. S.D. Ohio, No. C-3-83-299, filed April 4, 1983. Cleveland district office. Pattern-or-practice: Challenge to policy of removing company pilots from flight status at age 60.

El Paso Natural Gas Co. W.D. Tex., No. EP-83-CA-108, filed April 11, 1983. Dallas district office. Pattern-or-practice: Challenge to policy of removing company pilots from flight status at age 60.

Robertson Heating Supply Co. N.D. Ohio, No. C-83-1778A, filed April 27, 1983. Cleveland district office. One-on-one: Involuntary retirement of charging party, age 66, who had been repeatedly told that he could work "only 1 extra year after normal retirement age (i.e., age 65)."

Pennsylvania State Police. M.D. Pa., No. 83-0321, filed May 9, 1983. Philadelphia district office. Pattern-or-practice: Challenge to State law which requires that all State police officers retire at age 60.

Montgomery Ward & Co. N.D. Cal., No. C-83-2423-SC, filed May 13, 1983. San Francisco district office. One-on-one: Highly qualified senior employee, age 58, passed over for selection as manager of newly combined departments in favor of a less qualified junior employee, age 30.

Natural Gas Pipeline Co. E.D. Ark., No. LR-C-83-444, filed May 17, 1983. New Orleans district office. Pattern-or-practice: Challenge to policy of removing company pilots from flight status at age 60.

Brockway Glass Co. & Glass Bottle Blowers Ass'n. W.D. Pa., No. 83-1401, filed June 9, 1983. Philadelphia district office. Pattern-or-Practice: Collectively bargained policy of refusing transfer rights to employees who were eligible for retirement.

City of Knoxville. E.D. Tenn., No. 3-83-364, filed June 3, 1983. Memphis district office. Pattern-or-Practice: Challenge to policy of retiring uniformed police and fire department personnel who have attained at least age 60 and completed at least 25 years of service. Consolidated with pending private lawsuit on behalf of 39 aggrieved individuals.

Cudahy Foods Co. W.D. Wash., No. C83-855V, filed June 22, 1983. Seattle district office. Pattern-or-Practice: Policy of refusing severance pay to employees who were already eligible for retirement (at least age 55 and at least 10 years of service) at the time of a plant closing.

Indiana Dept. of Natural Resources. S.D. Ind., No. IP83-858C, filed June 27, 1983. Indianapolis district office. Pattern-or-Practice: Challenge to State statute which requires all State conservation law enforcement officers to retire at age 60.

Chrysler Corp. N.D. Ga., No. C83-161A, filed June 29, 1983. Atlanta district office. Pattern-or-Practice: Involves former policy of involuntarily retiring any nonunion, salaried employee who was selected for a reduction in force and who was already eligible for early retirement.

Nash Phillips/Copus. W.D. Tex., No. SA-83-CA-1308, filed June 1983. Houston district office. One-on-one: Failure to hire charging party, age 63, as construction superintendent. The hiring official stated that CP was "too old."

Rinker Materials Corp. S.D. Fla., No. 83-0348-CV-JAG, filed July 6, 1983. Miami district office. One-on-one: Refusal to hire charging party, age 50, for a management trainee position on the stated ground that he was overqualified.

Borough of Ambridge. W.D. Pa., No. 83-1721, filed July 12, 1983. Philadelphia district office. Pattern-or-Practice: Challenge to policy of involuntarily retiring fire department personnel at ages 55–60, based on length of service.

780 Villa Street Corp., d.b.a. Blue Ox Restaurant. N.D. Ill., No. 83-C-4761, filed July 12, 1983. Chicago district office. One-on-one: Refusal to reinstate charging party, age 54, to waitress job after authorized medical leave. CP's replacement was age 21.

Central New York Health Systems Agency, Inc. N.D. N.Y., No. 83-CV-833-Munson, filed July 18, 1983. New York district office. Pattern-or-practice: Action to enjoin discriminatory annual review policy which is applied only to employees age 65 and older.

California Office of State Fire Marshal. E..D. Cal., No. 5-83-856-LKK, filed July 28, 1983. San Francisco district office. Pattern-or-Practice: Challenge to policy of requiring State fire marshals to retire at age 65.

WNEW-AM/Metromedia, Inc. S.D. N.Y., No. 83-CIV-5679-Knapp, filed July 29, 1983. New York district office. One-on-one: Termination of charging party, age 55, from his position and replacement by an individual age 34.

Old Dominion Freight Line, Inc. M.D. N.C., No. C-83-781-G, filed August 9, 1983. Charlotte district office. One-on-one: Termination of the charging party, age 50, from his position as a local driver for overtly age discriminatory reasons.

City of New Castle. W.D. Pa., No. 83-1899, filed August 1, 1983. Philadelphia district office. Pattern-or-Practice: Challenge to city ordinance requiring police officers to retire upon attaining age 65.

Mayor and City Council of Baltimore. D. Md., No. H-83-2945, filed August 12, 1983. Baltimore district office. Pattern-or-Practice: Challenge to city ordinance requiring school crossing guards to retire at age 60.

California Public Employees Retirement System. E.D. Cal., No. 83-943-MLS, filed August 22, 1983. San Francisco district office. Pattern-or-practice: Challenge to State statute requiring municipal "public safety" employees to retire at age 60.

Indiana State Police. S.D. Ind., No. IP-83-1207-C, filed August 29, 1983. Indianapolis district office. Pattern-or-Practice: Challenge to State law which requires all State police officers to retire at age 55.

Anheuser-Busch, Inc., D. N.J., No. 83-3416, filed September 21, 1983. Philadelphia district office. Pattern-or-Practice: Involves policy of refusing to pay medicare part B premiums for employees aged 65 or older, while paying all medical insurance expenses for younger employees.

Crevier v. *City of East Providence.* D. R.I., No. 83-0470-S, motion to intervene filed September 26, 1983. New York district office. Pattern-or-Practice: Challenge to city ordinance requiring all police department personnel to retire at age 65.

Mississippi State Tax Commission. S.D. Miss., No. J83-0717 (B), filed September 26, 1983. Birmingham district office. Pattern-or-Practice: Challenge to newly instituted policy of requiring revenue inspectors and enforcement officers to retire upon attaining age 65.

AGE DISCRIMINATION IN EMPLOYMENT ACT MONETARY RELIEF IN FISCAL YEAR 1983

During fiscal year 1983, the EEOC recovered a total of more than $24.6 million through litigation under the Age Discrimination in Employment Act, an increase of about 15 percent over monetary recoveries through ADEA litigation in fiscal year 1982.

The following is a descriptive list of the cases resolved in fiscal year 1983.

City of Hamtramck. E.D. Mich., No. 81-71353. Detroit district office. October 12, 1982. Involuntary retirement of assistant fire chief, age 60. Dismissal, stipulation of compliance; $70,000 for charging party.

Corry-Jamestown Corp. W.D. Pa., No. 80.142 (Erie). Philadelphia district office. October 18, 1982. Involuntary early retirements during a reduction in force. Dismissal of claim on behalf of one of the aggrieved individuals; $5,000 in cash, $20,105 in additional pension contributions.

Yellowstone County Commissioners. D. Mont., No. CV81-231-BLG. Denver district office. October 20, 1982. Refusal to promote police officer to sergeant, because of age (54). Dismissal, stipulation of compliance; $3,216 for charging party, who had already been promoted with retroactive seniority.

California Youth Authority. C.D. Cal., No. 82-4786-MRP. Los Angeles district office. November 8, 1982. Mandatory retirement of a supervising cook, age 65. Dismissal, stipulation of compliance; $20,220 for charging party.

Roadway Express, Inc., E.D. N.C., No. 80-114-Civ-8. Charlotte district office. November 12, 1982. Forced retirement of terminal manager, age 57, after a visiting corporate official commented that the job was "young man's work." Dismissal; $45,122 in pension contributions for the charging party.

United Air Lines, Inc., N.D. Ill., No. 79-C-1572 (on appeal, 7th Cir.) Chicago district office. November 12, 1982. Policy of mandatory retirement at age 60 for nonpilot, permanent flight engineers (second officers). Supplemental judgment after trail; $2,335,795 for former employees.

Consolidated Edison of New York. S.D. N.Y., No. 80-1292. New York district office. December 14, 1982. Pattern of involuntarily retiring older managerial employees during a reduction in force. Dismissal; $852,750 in cash and $852,750 in additional pension contributions for 137 aggrieved individuals.

Sun Oil Co. (Delaware). N.D. Tex., No. 3-74-1164-C. Dallas district office. December 17, 1982. Termination of high-ranking employees during a management reorganization in an effort to obtain a "better age mix." Dismissal; $353,064 for two aggrieved individuals.

Rockwell International Corp. E.D. Tex., No. TY80-403-CA. Dallas district office. December 21, 1982. Termination of oldest and most senior supervisor, age 61, during a reduction in force. Dismissal; $9,000 for charging party.

City of Bellflower. C.D. Cal., No. CV-82-5688-RMT. Los Angeles district office. January 5, 1983. Refusal to promote CP, age 62, to public works inspector for the stated reason that he "would probably retire in a couple of years." Consent decree; $1,500 in cash for charging party, immediate salary increase, promotion to next vacancy as inspector.

San Diego Transit Corp. S.D. Cal., No. 81-0206-GT(1). Los Angels district office. January 13, 1983. Refusal to hire retired high school mechanics teacher, age 60, for a position as mechanic. Dismissal; $7,023 for charging party.

Town of Chesterton. N.D. Ind., No. H81-398. Indianapolis district office. January 13, 1983. Involuntary retirement of supervisory radio dispatcher, age 60. Consent decree; $4,107, plus righful place reinstatement for CP.

NRC Corp. D. Del., No. 79-18. Philadelphia district office. February 14, 1983. Involuntary early retirement of production supervisors during a reduction in force. Dismissal; $80,000 for four aggrieved individuals.

Filer Highway District. D. Idaho, No. C81-1166. Seattle district office. February 28, 1983. Layoff of oldest and most senior road crew supervisor, age 64, while less senior supervisors with similar ratings were retained. Injunction; $4,500 for charging party.

Liggett & Myers, Inc. M.D. N.C., No. C-74-163-D. Trail Headquarters. March 25, 1983. Pattern of terminating older sales and management employees during a reorganization of sales department. Judgment after trail; $7 million cash and $3 million in pension contributions for 107 formers employees.

WKYC-TV3 Division of NBC. N.D. Ohio, No. C81-1378. Cleveland district office. March 28, 1983. News film editor (age 56) denied transfer into comparable video tape editor position during changeover from film to video tape format. Dismissal, stipulation of compliance; $9,200 in cash and $9,700 in pension contributions for charging party.

Wayne County Community College. E.D. Mich., No. CA-82-72679. Detroit district office. March 28, 1983. Board of trustees refused to renew contract of a college president, citing his age (then 63) as one reason. Dismissal; $110,000 for charging party.

Joe Harding, Inc. W.D. Mo., No. 81-5077-CV-SW-4. St. Louis district office. April 1, 1983. Failure to credit salary increases earned after age 60 when calculating pension benefits at "normal retirement age" of 65. Dismissal, stipulation of compliance; $4,000 for the estate of the charging party.

South Dakota Board of Regents. D. S.D., No. CIV-8-3058. Denver district office. April 4, 1983. Age 65 mandatory retirement for college/university faculty members, despite the absence of "unlimited tenure" protections. Dismissal, stipulation of compliance; $16,200 in cash and $350 in additional pension contributions for charging party.

Lilly Industrial Coatings, Inc. S.D. Ind., No. IP82-2266-C. Indianapolis district office. April 15, 1983. Refusal to hire charging party, age 50, into technical position on ground that "younger and much less experienced people" were wanted. Dismissal; $11,000 for charging party.

State of Michigan, Dept. of State Police. E.D. Mich., No. G81-756-CA5. Detroit district office, April 21, 1983. Challenge against State law requiring State police officers to retire upon attaining age 56. Dismissal, stipulation of compliance; $330,000 for five persons.

Western Electric Co. E.D. Mich., No. 80-71257. Detroit district office. April 25, 1983. Demotion of oldest and most senior supervisor during a reduction in force. Dismissal; $70,000 for charging party.

Western Electric Co. D. N.J., No. 81-3985. Philadelphia district office. April 28, 1983. Demotion of an older supervisor during a reduction in force, while a younger supervisor was retained. Dismissal; $2,000 for charging party, who had already returned to a supervisory position.

NCR Corp. S.D. Ohio, No. C-3-83-299. Cleveland district office. May 12, 1983. Policy of mandatory retirement for company pilots at age 60. Consent judgment; $35,000 in additional pension contributions for charging party.

Maricopa County. D. Ariz., No. 82-1088. Phoenix district office. May 13, 1983. Refusal to transfer part-time clerical, age 65, to a full-time job. Dismissal, stipulation of compliance; $1,100 for charging party, who was also placed on full-time status.

City of Portland. D. Ore., No. 83-50. Seattle district office. May 13, 1983. Involuntary retirement of a police captain, age 65. Consent decree; $234 for charging party, who missed only 1 day of work before preliminary injunction was obtained.

Lawrence Academy. D. Mass., No. 77-Civ-2313. New York district office. June 2, 1983. Refusal to hire retired professor for a teaching position, because of his age (then age 62). Dismissal; $5,000 for charging party.

Shasta Beverages, Inc. D. N.J., No. 82-613-HLS. Philadelphia district office. June 13, 1983. Involuntary early retirement of five division sales managers and replacement by younger individuals. Dismissal, stipulation of compliance; $200,000 for five persons.

Pan American World Airways, Inc. N.D. Cal., No. C81-3636-WAI. San Francisco district office. July 21, 1983. Refusal to allow pilots to bid into flight engineer positions at age 60, in order to avoid mandatory retirement rule for pilots. Dismissal, stipulation of compliance; $250,000 for five aggrieved individuals.

Kellogg-American, Inc. W.D. Pa., No. 81-105. Philadelphia district office. August 3, 1983. New corporate president, age, 43, forced to high-level executives to take early retirement at age 58. Consent decree; $250,000 for two charging parties.

City of Knoxville. E.D. Tenn., No. 3-83-364. Memphis district office. August 11 1983. Policy of retiring police and fire department employees who have reached at least age 60 and completed at least 25 years of service. Consent decree; $88,918 in cash and $452,428 in additional pension contributions for 20 aggrieved individuals represented by EEOC.

United Air Lines, Inc. N.D. Ill., No. 81-C-7300. Chicago district office. August 25, 1983. Involuntary retirement of two employees at age 65, after effective date of the amendment extending ADEA protections up to age 70. Judgment after trial; $356,218 for two charging parties.

Bristol Spring Manufacturing Co. S.D. N.Y., No. 78-686-H. New York district office. September 13, 1983. Charging party, then age 61, fired 2 weeks before his retirement benefits would become vested under a pension plan. Consent decree: $6,000 for charging party.

ITT-Hoffman Specialty Corp. S.D. Ind., No. IP83-442C. Indianapolis district office. September 15, 1983. Failure to promote charging party, age 57, to customer service manager, less experienced employee, age 26, was promoted instead. Dismissal; $12,500 for charging party, who was promoted.

Sandia Corp. D. N.M., No. 75-150. Phoenix district office. September 19, 1983. Pattern of discrimination against individuals over age 52 in terminating engineers during a reduction in force. Judgment after trial: $7,500,000 for aggrieved individuals.

Zim American-Israeli Shipping Co. S.D. N.Y., No. 81-Civ-6025-L. New York district office. September 20, 1983. Age 65 mandatory retirement of shipping agent. Consent decree: $66,000 for charging party.

Thomas J. Lipton, Inc. D. N.J., No. 81-3200. Philadelphia district office. September 20, 1983. Older sales managers discharged or forced to take early retirement during a management reorganization. Consent decree: $90,000 in cash and $22,500 in additional pension contributions for nine aggrieved individuals.

ITEM 20. FEDERAL COMMUNICATIONS COMMISSION

DECEMBER 19, 1983.

DEAR MR. CHAIRMAN: This is in response to your letter of November 1, 1983, requesting fiscal year 1983 information regarding initiatives or programs by this commission that impact either directly or indirectly on the elderly.

While the Federal Communications Commission does not focus solely on the needs of the elderly, certain of its actions indirectly affect this important segment of the population. Therefore, the staff summary of FCC activities affecting the elderly has been enclosed for you to incorporate into the Senate Special Committee on Aging report, "Developments in Aging."

During the past several years, the Commission has participated in legislation and rulemaking designed specifically to help the handicapped, categories of which include the deaf and hearing impaired, blind, and physically disabled. Since a significant proportion of people aged 65 or older falls into these categories, consideration of telecommunications needs of the handicapped is a matter of interest to the elderly community, although perhaps not specifically directed to the elderly.

We at the Federal Communications Commission will continue our efforts to be attentive to telecommunications matters that affect the elderly.

Sincerely,

MARK S. FOWLER, *Chairman.*

Enclosure.

STAFF SUMMARY OF FEDERAL COMMUNICATIONS COMMISSION ACTIVITIES AFFECTING THE ELDERLY

The FCC fiscal year 1982 report on this subject discussed several initiatives not completed; an update on these issues includes:

The "Telecommunications for the Disabled Act of 1982" as signed into law on January 3, 1983. This major piece of legislation, for which the FCC is responsible, is of direct import to the aging. The disabled are defined as those persons whose speech, vision, hearing, or mobility is impaired. Since a large proportion of disabled also fall into the category of aged, the law is of great interest to that group. Specific rules to implement the act include:

—Telephone companies will be required to make available a hearing aid compatible telephone, on request to each user who cannot otherwise obtain such a telephone.

—Telephone companies will be required to notify regulatory authorities 6 months in advance of the proposed termination of specialized operator and directory assistance for users of telecommunications devices for the deaf.

—Those companies which supply telecommunications devices fo the deaf (TDD's) will be required to supply information on the use of TDD's.

—After January 1, 1985, all telephones which are installed in "essential" locations must be hearing aid compatible.

—All coin-operated and "emergency use" telephones, which were installed prior to January 1, 1985, must be converted to hearing aid compatibility by that date.

—Adoption of a uniform, nationwide technical standard which will allow confirmation of whether telephones are acutally hearing aid compatible.

—All telephones offered for sale after June 1, 1984, will be required to be accompanied by package labeling or written statements notifying the prospective purchaser whether or not the telephone is hearing aid compatible, and if not, disclosing that the instrument may not be used as "essential"; and

—Companies may offer specialized telephone equipment, either on a tariffed or untariffed basis as each State may direct.

Under the Second Computer Inquiry, a petition for waiver of FCC rules impacting upon the aged was awaiting a decision from the Commission. On December 28, 1982, this waiver was adopted. It deals with providing specialized telephone equipmnet under special pricing arrangements; once provisions of the above-cited legislation are enacted, the waiver will no longer be necessary. It therefore serves as an interin measure until the law is implemented.

The general inquiry initiated by the FCC in 1978 into the matter of telephone services for the deaf and hearing imparied, which was a precursor to the legislation enacted by the Congress, was therefore terminated in May 1983.

The FCC also completed its rulemaking concerning use of subcarriers by FM radio stations. In the past, a number of FM stations offered radio reading services for the blind on their subcarrier facilities. The new rules expand the potential uses of subcarriers and make available a second subcarrier on each FM broadcast channel. This provides additional basic transmission facilities, one of the most important factors in adding new services of value to the elderly.

Recent technological developments have made it possible to operate subcarrier signals on the television audio channel in a manner similar to that of FM subcarrier signals. Such subcarriers would be useful for a variety of applications, including TV stereo and separate programing not related to regular television. This, then, appears to offer further opportunity for increasing the number and geographic availability of transmission facilities for providing service to senior citizens. Potential for use of the aural baseband is great, since each of the 786 commercial stations and 273 noncommercial stations now on the air could be providing subcarrier service. Thousands of hours of service could be provided at virtually no technical cost. The FCC initiated a rulemaking to study television audio subcarrier authorization in August 1983 and expects to complete this proceeding early in fiscal year 1984.

The FCC proceeding to authorize teletext was completed in early April 1983. Teletext is a new form of communication that involves the transmission of textual and graphic data on the vertical blanking interval (VBI)—that portion of the TV signal that appears as a black bar when the picture rolls—of the video portion of the TV signal. The rules for this service provide a broad-based authority that facilitates use of teletext for closed captions and for full screen informational text services such as news, weather, and sports reports, consumer services, and community bulletins. These kinds of services can significantly extend and enhance access of deaf and hearing-impaired persons to electronic mass media sources. Also, closed caption services on the line 21 Telecaption system continue to be available.

In April 1983, the Commission also proposed providing additional interim frequencies in the 46 and 49 MHz bands (currently assigned for government use) for cordless telephone operations. The advent of widerspread cordless telephone availability may prove especially useful to the elderly. The telephone is often a primary link for the senior citizen to the outside world, and cordless telephones allow quicker access to those with limited mobility.

ITEM 21. FEDERAL TRADE COMMISSION

DECEMBER 21, 1983.

DEAR MR. CHAIRMAN: In response to your letter of November 1, 1983, I am pleased to forward the enclosed staff summary of Federal Trade Commission activities affecting the elderly for the year 1983. As this enclosure indicates, many of the Commission's efforts to promote a free and fair marketplace are particularly significant for elderly consumers.

I hope this information will be helpful to the committee. Please let me know if we can provide any further assistance.

By direction of the Commission.

JAMES C. MILLER III, *Chairman.*

Enclosure.

STAFF SUMMARY OF FEDERAL TRADE COMMISSION ACTIVITIES AFFECTING THE ELDERLY

HEALTH-RELATED ACTIVITIES

Since consumers aged 65 and older spend almost three times as much per capita on health care as other adults, FTC initiatives designed to benefit purchasers of health care have particular significance for the elderly. The FTC's health-related activities address nearly every facet of health care delivery that is of concern to older Americans.

Home Health Care

Home health care agencies, which offer skilled nursing and other health services to patients in their homes, can provide some elderly persons with an important alternative to hospitalization or nursing home care. Home health services offer not only the possibility of reduced health care expenditures, but also can enable some people who would otherwise require institutional care to remain at home. In a proceeding before the Virginia Health Commissioner to determine whether or not a petitioning home health care provider would receive a certificate of public need authorizing it to operate in Northern Virginia, the FTC staff filed comments urging that home health care agencies not be excluded from market entry as a result of unduly strict application of certificate of need requirements. The staff concluded that preventing qualified firms from entering the home health care market would be likely to injure consumers through higher prices and limited access to home health services.

Life Care Facilities

"Life care" is a concept whereby a senior citizen, at a certain minimum age, may purchase a life lease in a living unit through the payment of an entrance fee and the obligation to pay monthly service fees. In addition to the life lease, the resident is entitled to various services and amenities, including guaranteed lifetime nursing care.

In 1983, the FTC concluded an investigation of certain practices by Christian Services International, Inc. (CSI), which has developed, marketed, and/or managed approximately 200 life care homes in 15 States. CSI's homes guarantee lifetime living accommodations, meals, and medical services to its residents, who must pay entrance fees, ranging from $15,000 to $100,000 and monthly service fees ranging from $250 to $500. At the conclusion of the investigation, the Commission and CSI entered into a consent order. [1]

The complaint released with the consent agreement alleged that CSI unfairly and deceptively implied in advertisements and promotioal material that many of its homes are affiliated with religious organizations. In fact, CSI has no religious affiliation. Under the consent agreement, the company may not represent that any religious group is affiliated with its life care homes or is legally or morally responsible for the homes' bebts, unless that is the case. Also, CSI must provide prospective residents with a statement detailing any religious affiliation or explaining that there is none.

The complaint also charges CSI represented there is little or no financial risk in entering into a life care contract. Under the agreement, the company may not make this claim. CSI must disclose to prospective residents that entering into the contract may involve significant financial risk, and they should seek independent advice before signing.

Nursing Homes

There are currently about 23,000 nursing homes in the United States providing care to approximately 1.4 million eldely residents. The Commission is engaged in an industrywide investigation to determine whether significant consumer protection problems currently exist in the nursing home industry. Allegations have been made, for example, that some nursing homes fail to disclose important information to potential residents prior to admission, and conceal inflated prices or charges for services not rendered by failing to provide itemized bills to residents. The investigation will collect evidence on the incidence of these and other alleged practices and their potential for injury to prospecive and actual nursing home residents. This information will be used to determine whether there is a need for additional Commission action in this area and, if so, what form that action should take.

Commission staff is also developing a program to present testimony and make appearances before State and Federal agencies with nursing home regulatory responsibilities concerning competition and consumer protection issues involved in nursing home regulation. As a part of this program, the Commission staff will be participating in a 22-month study of nursing home regulation to be conducted by the Institute of Medicine, National Academy of Sciences. The study, funded by the Department of Health and Human Services, will address several questions related to the objectives and effectiveness of current nursing home regulation, including how it affects satisfactory quality of patient care, and how Federal and State policies and regulations should be modified to best achieve regulatory objectives.[2]

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[1] Consent agreements are for settlement purposes only and do not constitute an admission by the company that it violated the law. When issued by the Commission on a final basis, a consent order carries the force of law with respect to future actions.

[2] These Commission initiatives were undertaken as a result of the Commission's evaluation of a draft staff report. The draft staff report and several accompanying memoranda were released in September 1983.

Prescription Drugs

Persons aged 65 and over comprise 11 percent of the population, but pay 25 percent of the national prescription drug bill. Consequently, savings on prescription drug purchases are especially significant for elderly consumers. In 1979, the FTC staff completed an examination of State laws which prevent pharmacists from substituting lower cost generic drugs for brand name pharmaceuticals, and concluded that modification of these State laws could result in significant consumer benefits with no compromise in the quality which consumers receive. The Commission's staff, in conjunction with the Food and Drug Administration, proposed a model drug product selection statute for consideration by the States, and the staff continues to provide assistance to States contemplating legislation on this issue.

Several States have adopted the model law in whole or part. The Commission's Bureau of Economics has been studying the effects of the various State drug product selection laws including the model law on the extent of drug substitution and on drug prices. The study is nearly complete and a report should be available in 1984.

Hearing Aids

The majority of hearing aids are purchased by the elderly. Statistics indicate that over 40 percent of persons over 65 have some type of hearing impairment. In 1975, the Commission began a rulemaking proceeding dealing with the advertising and sale of hearing aids. The proposed rule would provide consumers with a 30-day trial period during which a consumer could return the hearing aid and receive a refund of 90 percent of the purchase price. The Commission is expected to consider the proposal in 1984. Among the questions that the Commission will consider are whether the record demonstrates that deceptive and unfair practices are prevalent, whether the practices are best addressed by a rule or on a case-by-case basis, and whether the benefits of the proposed rule would outweight its costs.

Vision Care

Over 90 percent of persons aged 65 and over wear corrective lenses. The FTC has two programs designed to lower the price of vision care. The first, the "eyeglasses rule," gives consumers the right to obtain a copy of their prescription after having their eyes examined, thereby enabling them to comparison shop for eyeglasses. The FTC is examining staff proposals to amend the prescription release requirement contained in that rule. These proposals would give consumers the right to: (1) Retain a copy of their eyeglasses prescription after it is filled; and (2) obtain a copy of their complete contact lens prescription at the conclusion of the fitting and dispensing process. If adopted, this amendment would enable consumers to comparison shop for duplicate or replacement pairs of eyeglasses or contact lenses.

The second vision care program, known as "eyeglasses II," is examining several additional proposals aimed at increasing competition and lowering prices in the vision care market. That investigation is focused on restrictions that inhibit the so-called "commerical" practice of optometry, including restrictions that prevent optometrists from practicing under a trade name, working for a lay corporation, locating their practice in a commercial setting, and operating branch offices.

Dental Care

Slightly over half of all persons aged 65 and over have lost their teeth, and approximately half of this group needs denture care, either because they have no dentures at all or because the dentures they do have are so ill-fitting as to be beyond repair. The cost of denture care and the maldistribution of dentists in certain parts of the country (most notably in rural and inner-city areas) may prevent elderly consumers from obtaining denture care. Preliminary evidence from Canada suggests that consumer costs may decrease and access to denture care may increase where dental laboratory technicians, known as "denturists," are permitted to provide dentures directly to consumers. In the United States virtually all States prohibit nondentists, from selling dentures directly to patients and require that dentures be fitted only by dentists. The FTC is seeking to gather evidence to determine the potential effects on consumers of permitting denturists to offer their services directly to the public.

The Commission's staff is also examining the effects on consumers of certain restrictions (similar to those described in the discussion of "eyeglasses II" in the section of vision care) on the "commercial" practice of dentistry in general. These types of commercial dental practices were examined in a report prepared for the FTC called "Entrepreneurial Trends in Health Care Delivery: The Development of Retail

Dentistry and Freestanding Ambulatory Services" which was published in July 1982.

Laser Facelifts

Older Americans, like other age groups, are interested in ways to improve their appearance. Therefore, they may be susceptible to fraudulent claims about supposedly new and effective ways to reduce or eliminate wrinkles.

An increasing number of health care practitioners, beauticians, and cosmetologists have been claiming that they can perform facelifts using a low-powered or "cold" laser. Advertisements for laser facelifts usually claim that this is a revolutionary new method of removing wrinkles, and that it is a painless, less costly alternative to surgery.

FTC staff investigated such claims by several health care practitioners and found that the practitioners had no reliable evidence to support their claims about the procedure's effectiveness. The practitioners entered into a consent agreement with the FTC requiring them to have scientific tests or other reliable evidence to support their claims. The consent agreement was widely circulated along with a consumer education brochure advising the public about the unsubstantiated nature of the claims. In addition, staff have been working with State attorneys general and professional licensing boards to eliminate deceptive claims about laser facelifts.

End Stage Renal Disease

In 1972, Congress established the end stage renal disease program as part of the medicare program. Over 60,000 people suffer from this disease, which is chronic kidney failure. Dialysis treatment can be provided in a hospital, at a freestanding/independent facility, or at home.

The FTC commissioned a study that examined how a more competitive approach would address important policy issues of medicare's end stage renal disease program. The final report, released in August 1983, found that increased competition among providers of end stage renal disease dialysis services could reduce consumer costs and improve consumer choice of services.

The report analyzes the program and suggests ways it might be changed to introduce more competition and consumer choice. The report discusses alternative reimbursement schemes and points out the advantages and disadvantages of various methods. It also deals with the role regulatory mechanisms may play in limiting competition.

DECEPTIVE ADVERTISING PRACTICES BY PROFESSIONALS

As major consumers of health care services, the elderly can be significantly disadvantaged when health care professionals engage in deceptive advertising practices. The laser facelift problem is just one example of a deceptive advertising practice that is used by some health care professionals.

FTC staff have initiated a project to monitor and systematically review advertising by health care professionals. The staff is working with representatives of health professional groups to learn more about the nature of deception in the context of professional advertising.

ANTITRUST ENFORCEMENT IN THE HEALTH CARE SECTOR

The FTC's health care antitrust activities are aimed at promoting valuable competition in markets for health care goods and services in order to lower costs, improve quality, and preserve consumer choice. Law enforcement activity in fiscal year 1983 focused on challenging restraints on truthful advertising by health care professionals, conspiracies to obstruct insurers' cost-containment programs, and anticompetitive mergers by hospital chains.

Advertising Restrictions

The FTC issued three consent orders in fiscal yer 1983 prohibiting associations of health professionals from restricting truthful advertising by their members. These orders—entered against the Michigan Association of Osteopathic Physicians, the Washinton, D.C. Dermatological Society, and the Association of Independent Dentists (Pueblo, Colo.—enable physicians and dentists to advertise information of great importance to older Americans, such as prices for routine services, office hours, proximity to public transportation, and whether they accept medicare assignment or offer discounts to the elderly. The associations are not prohibited from adopting reasonable ethical guidelines to protect the public from false or deceptive advertising.

Conspiracies To Block Cost-Containment Programs

On February 17, 1983, the Commission issued decisions in two cases challenging boycotts aimed at health insurers' cost-control efforts. In *Indiana Federation of Dentists,* the Commission found that the federation had conspired with its members and others to frustrate cost-containment efforts of insurers by collectively refusing to submit existing X-rays to dental insurers who use them to determine whether reimbursement is warranted. This decision is on appeal to the U.S. Court of Appeals for the Seventh Circuit. In *Michigan State Medical Society,* the Commission ruled that the society violated the antitrust laws when it threatened on behalf of its members to boycott the Michigan medicaid program and Blue Cross/Blue Shield of Michigan unless they adopted reimbursement policies favored by the society. In addition, the FTC entered consent orders against the Texas Dental Association and the Association of Independent Dentists (Pueblo, Colo.) that prohibit the associations from threatening or coercing third-party payers.

Hospital Mergers

The FTC has charged two of the Nation's major hospital chains with violating the antitrust laws through their acquisition of competing hospitals. An administrative law judge issued a decision on July 27, 1983, ruling that American Medical International's acquisition of a hospital in San Luis Obispo, Calif., was likely to substantially lessen competiton. The judge also held that AMI has illegally attempted to monopolize the delivery of acute-care hospital services in the San Luis Obispo area. The decision is currently on appeal to the Commission. The second case challenges the acquisition by the Hospital Corp. of America of two other hospital chains. [3]

NON-HEALTH-RELATED ACTIVITIES

Funerals

The Commission began its funeral industry rulemaking proceeding in 1975. Based on a record developed over several years, the Commission found that certain common business practices used by funeral directors restricted the consumers' abilities to choose the funeral goods and services they want, and hindered healthly price competition. As a result, in July 1982, the Commission approved the "funeral rule."

The funeral rule is intended to increase consumer access to accurate information prior to, and at the time of, purchase. The rule would: Require funeral directors to provide consumers with itemized, presale price disclosures; prohibit misrepresentations of legal and cemetery requirements and of the preservative or protective value of embalming, caskets, and vaults; prohibit funeral directors from requiring a casket for cremation, or any other tie-in arrangements; prohibit funeral directors from charging for goods and services not specifically ordered, such as embalming; and require funeral directors to give, on request, price information over the telephone.

On September 30, 1982, the rule was submitted to the Congress for review in accordance with section 21 of the Federal Trade Commission Improvements Act of 1980. The review period terminated on May 15, 1983, with neither House of Congress having passed a resolution of disapproval. However, a court case challenging the rule was filed. On June 6, 1983, the Commission established an effective date for the rule of January 1, 1984. Subsequently, in response to petitions requesting a stay of the rule until after the court has had an opportunity to issue a decision, the Commission announced its decision to postpone the effective date of portions of the rule until April 30, 1984. However, those parts of the rule requiring that funeral providers refrain from making specified oral or written misrepresentations are scheduled to become effective on January 1, 1984, as previously determined.

In addition to the funeral rule, the FTC has issued a consent order designed to preserve price competition in the burial casket manufacturing industry. Gulf & Western Industries, Inc., one of the Nation's largest casket manufacturers, was ordered to sell its Alabama casket manufacturing facility to an FTC-approved buyer who would operate the facility as a viable competitor. The order settled charges brought by the Commission in 1981 that Gulf & Western's acquisition of two companies in the casket industry was likely to lessen competition and create a monopoly. The FTC has approved the sale of the Alabama facility to a newly formed company.

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[3] Both matters are currently in litigation, and the Commission expresses no view whatsoever as to the merits of the cases.

Delivery of Legal Services

The Commission's staff is currently conducting an investigation to determine whether various public and private restrictions have hindered the development of legal clinics and closed-panel third-party payment plans for legal services. Legal clincis and closed-panel plans reputedly offer reduced fees and increased access to high-quality legal services. These advantages may be of particular benefit to the elderly, whose income often exceeds limits established by government-sponsored assistance programs, yet may be insufficient to cover the high costs of private legal assistance. The final report should be available in 1984.

Credit

The FTC enforces the Equal Credit Opportunity Act, which prohibits discrimination on the basis of a number of factors, including age. While Federal law permits a creditor to consider information related to age, credit cannot be denied, reduced, or withdrawn solely because an otherwise qualified applicant is over a certain age. Furthermore, retirement income must be included in rating a credit application, and credit may not be denied or withdrawn because credit-related insurance is not available to persons of a certain age.

In 1983, the Commission filed an age discrimination complaint against Aristar, Inc. The complaint charged that Aristar's subsidiary, Blazer Financial Services, denied loans to elderly people, including those who relied on public assistance or retirement benefits, because of their age or because they were not employed full time. According to the complaint, Blazer treated elderly credit applicants less favorably than similarly qualified younger applicants. The Commission settled these charges through a consent decree, under which Aristar paid a $90,000 civil penalty and is enjoined from such practices in the future.

In addition, the Commission's staff is pursuing several nonpublic investigations of creditors for possible illegal discrimination against elderly consumers. These cases involve such issues as alleged discouragement of elderly people from submitting applications, refusal to consider income from retirement sources, and imposition on elderly borrowers of harsher repayment terms that are not justified by legitimate creditworthiness considerations.

Mobile Homes—Sales and Service

Mobile homes comprise a substantial portion of the low- and moderate-income housing stock, and a large proportion of mobile homeowners are elderly persons. In August 1980, the FTC issued a staff report recommending adoption of a proposed trade regulation rule that was intended to improve warranty service on mobile homes. Although nearly all new mobile homes were sold with a written warranty, the rulemaking proceeding attempted to determine whether service under these manufacturers' warranties may be inadequate. In its report, the staff recommended a rule that, among other things would set 30-day time limits within which mobile home manufacturers or their service agents must complete warranty repairs. Staff is now reevaluating its recommended actions in light of public comments received on the staff report. The staff expects to present its final recommendations to the Commission in 1984.

Mobile Homes—Formaldehyde

The presence of formaldehyde gases in the ambient air in mobile homes, as well as in other housing, has become a controversial health issue in recent years. Medical experts are particularly concerned about the possible effects of formaldehyde on the elderly. The Consumer Federation of America petitioned the Commission to initiate a rulemaking on this subject in January 1983. The Commission denied this petition because the Department of Housing and Urban Development (HUD) has an ongoing rulemaking proceeding proposal to set product standards for mobile home formaledhyde emissions. HUD is also considering whether mobile home manufacturers should be required to inform consumers of the alleged dangers of formaldehyde. The Commission has directed the staff to monitor developments and gather additional information on this subject. This information may form the basis of a comment to HUD concerning the desirability of a warning label, or, if appropriate, may be used in planning Commission policy in this area.

Real Estate "Loan" Transactions

During the past few years there have been increasing numbers of foreclosure actions by lenders. This has resulted in "new" businesses that can generally be described as "foreclosure help" companies. These companies advertise and offer foreclosure help to homeowners in financial difficulty.

In October 1983, the Federal Trade Commission obtained a preliminary injunction against one such company—R. A. Walker & Associates, Inc. The Commission alleged that the company orally represented the transactions entered into as "loans," when in fact the transactions were "sales." A number of elderly consumers were among those affected by the alleged misrepresentations that were used to drain accumulated equity from the consumers' homes.

CONSUMER EDUCATION ACTIVITIES AFFECTING THE ELDERLY

In addition to its law enforcement and economic research activities, the FTC is involved in preparing and disseminating numerous publications, public affairs programs, and informational flyers of significant interest to the elderly. These consumer education activities cut across and support all FTC programs. Some of the recent consumer education activities include:

Complaint Resolution

In 1983, the FTC worked with the American Association of Retired Persons (AARP) to develop and distribute "How To Write a Wrong," a booklet which explains how to complain effectively about consumer problems and get results. The booklet contains information about two types of merchandising frequently aimed at the elderly—door-to-door sales and mail-order promotions. It also explains when, where, and how to complain. This booklet is a component of a slide-tape program developed by the AARP for use in its 5,000 local offices around the country. The FTC and the AARP have distributed approximately 50,000 copies of the publication in 1983. The AARP has just reprinted 100,000 copies.

Funerals

The FTC is developing consumer television and print education materials to explain key elements of the funeral rule. Television public service announcements and the consumer brochure will be distributed in 1984.

Health

The FTC, in cooperation with the American Association of Retired Persons (AARP), is developing a guide on shopping for professional services in the health care area, i.e., doctors, dentists, pharmacists, and vision care specialists. Upon completion of the booklet in 1984, it will be distributed by both the FTC and the AARP.

Housing

In cooperation with the American Association of Retired Persons (AARP), the Commission is developing two booklets explaining housing options for the elderly. One will discuss independent living; the other will consider assisted living. Such information is important, as well over 90 percent of persons older than 65 live in some form of "independent" housing. When the booklets are completed in 1984, they will be distributed by the AARP and the Commission.

ITEM 22. GENERAL ACCOUNTING OFFICE

DECEMBER 19, 1983.

DEAR MR. CHAIRMAN: In response to your November 1, 1983, request for information about our fiscal year 1983 work affecting the elderly, we are enclosing a list of issued reports with summary information (enclosure I) and a list of relevant ongoing assignments (enclosure II). We are also including information about our internal activities that involve the elderly (enclosure III).

Sincerely yours,

RICHARD L. FOGEL, *Director.*

Enclosures.

ENCLOSURE I.—*General Accounting Office elderly related reports issued during the period October 1, 1982 through September 30, 1983*

Audit of Medicaid Costs Reported by Autumn Hills Convalescent Centers, Inc., Houston, Tex. (HRD-83-9, October 14, 1982)

Although the central office costs reported by Autumn Hills for 1978 and 1980 included significant amounts of unallowable and questionable costs, under Texas' rate-setting methodology these amounts had no effect on what Autumn Hills and other homes in the State were or will be paid. GAO believes the State should modify its approach to auditing nursing homes to focus on those facilities whose reported costs are most likely to have the greatest impact on the payment rates.

One Autumn Hills home has had a history of inadequate nursing staff to meet State standards, and this problem was also identified during the more recent period covered by GAO.

Inadequate Internal Controls Affect Quality and Reliability of the Civil Service Retirement System's Annual Report (AFMD-83-3, October 22, 1982)

The Office of Personnel Management did not establish adequate internal control and reporting procedures to insure the reliability of the financial and actuarial information it presented in the civil service retirement system's annual report for fiscal 1980, required by Public Law 95-595 and published in February 1982.

GAO found that:

—Controls over computer programs used in performing actuarial valuations were weak.

—Poor recordkeeping and processing delays resulted in unreliable records of accounts receivable; and

—Relevant information, considered essential for a fair presentation of the annual report, was either omitted or not adequately disclosed.

OPM agreed with the basic thrust of this report and has already taken action or plans to act to correct many of the problems discussed.

Multiemployer Pension Plan Data Are Inaccurate and Incomplete (HRD-83-7, October 25, 1982)

The Multiemployer Pension Plan Amendments Act of 1980 made major changes to the Employee Retirement Income Security Act. The Internal Revenue Service and the Pension Benefit Guaranty Corporation are primarily responsible for administering and enforcing the amendments, and they need complete and accurate data. Multiemployer plans are required to report annually to these agencies.

There is no assurance that all multiemployer plans are reporting as required and, when they do report, data are often missing or inaccurate. In an October 1981 report, GAO pointed out that these same conditions generally existed for data required to be reported by all types of pension plans. This report discusses the continued need for data management improvements.

Officials of the two agencies told GAO that they would continue efforts to improve data management.

Concerns About Controlling Union Employees' Benefit Funds by the Carpenters Collection Agency, Youngstown, Ohio (HRD-83-8, November 12, 1982)

The Collection Agency, established by union affiliates, collects payments from employers primarily for union employee fringe benefit funds. It is administered by five trustees who are also union trustees of one of the benefit plans served by the Collection Agency. Operating costs are paid from interest earned on employer payments before disbursement to the funds.

The Department of Labor determined that some fringe benefit fund trustees violated their fiduciary responsibilities under the Employee Retirement Income Security Act; however, Labor did not take aggressive action to correct the violations. Also, the Collection Agency may have violated the Labor-Management Relations (Taft-Hartly) Act by Accepting employer payments.

The Elderly Should Benefit From Expanded Home Health Care but Increasing These Services Will Not Insure Cost Reductions (IPE-83-1, December 7, 1982)

Because families and individuals prefer to have a choice among long-term care options, a larger demand for home health care is likely throughout the 1980's. The growth in the size of the disabled elderly population, high government expenditures for nursing home and hospital care, and a desire to improve elderly health status all have created interest in expanding or revising the current home health care system.

GAO found that when expanded home health care services were made available to the chronically ill elderly, longevity and client-reported satisfaction were improved. These services, however, did not reduce nursing home or hospital use or total service costs. More research is needed in two areas in which potentially positive findings are indicated: The effects of expanded home health care on those elderly highly at risk of placement in nursing homes, and on hospital admission and readmission rates and lengths of stay.

The growing public support for wide diversity in long-term care services indicated that the critical policy issue is not whether expanded home health care services are less costly than institutional care but, rather, how these services should be organized for maximum efficiency and effectiveness.

Hospital Links With Related Firms Can Conceal Unreasonable Costs and Increase Administrative Burden, Thus Inflating Health Program Expenditures (HRD-83-18, January 19, 1983)

GAO reviewed five hospitals to identify transactions with organizations related to the hospitals by common ownership or control that had not been properly disclosed by the hospitals or identified by the intermediaries and that resulted in medicare/medicaid overpayments to the hospitals. Problems were identified in each hospital, and resulting excessive claims for payment quantified as of July 1982 totaled over $1.2 million. Related organization transactions not only conceal unallowable costs and increase medicare/medicaid reimbursements, but also increase the administrative burden on claims payers because of the need to identify and analyze such transactions. Because the transactions are often complex, medicare and medicaid paying agents miss some, and overpayments result.

Improving Medicare and Medicaid Systems To Control Payments for Unnecessary Physicians' Services (HRD-83-16, February 8, 1983)

Some services provided to medicare and medicaid recipients by physicians or suppliers are medically unnecessary and, under the law, should not be paid for by these programs. This report discusses the systems to identify, prevent, or recover payments for unnecessary services and describes how they can be improved to reduce program costs.

Eligibility of Civil Service Annuitants, Survivors, and Employees for Medicare (HRD-83-26, March 10, 1983)

In January 1983, Federal employees began paying the medicare hospital insurance tax of 1.3 percent on the first $35,700 of their wages and thus become eligible for medicare hospital insurance based on their Federal employment.

This study shows that, as of December 1981, about 81 percent of the civil service annuitants, survivors, and employees age 65 and older were eligible for medicare hospital insurance benefits. About 79 percent of those eligible were eligible on their own account and not as a dependent of another person. Individuals who were eligible on their own account had earned fewer quarters and had paid less in hospital insurance taxes than a random sample of all medicare beneficiaries who were eligible on their own account.

Issues Concerning Social Security Benefits Paid to Aliens (HRD-83-32, March 24, 1983)

There has long been congressional concern about aliens who work only long enough to become eligible for social security benefits and then return to their native countries to collect the benefits for themselves and their dependents. In 1981, the Social Security Administration paid nearly $1 billion to 313,000 beneficiaries living abroad, more than 60 percent of whom were aliens. Alien retirees aboard generally have worked less time in covered employment, have paid less taxes to social security, and have more dependents than the average retiree, frequently adding such dependents after retirement.

GAO's study also identified an inconsistency between the Social Security Act and the Immigration and Nationality Act—aliens are allowed to earn social security credits under the former act while violating the latter. Accumulation of credits by the payment of benefits to aliens who worked illegally in the United States could be costly to the trust funds.

Inaccurate Fund Transfers Between Social Security Administration and Railroad Retirement Board (HRD-83-2, April 4, 1983)

Since 1958, the Social Security Administration (SSA) has paid more than $17 billion to the Railroad Retirement Board through an annual fund transfer (financial interchange) required by law. The interchange is designed to place the social security program in the same financial position in which it would have been if railroad employment had not been excluded from social security coverage.

GAO found that the Board, which performs all the interchange calculations, makes frequent errors, uses a statistical method that makes imprecise estimates, and includes inappropriate factors to calculate the amount due. As a result, both over- and underpayments are made by SSA. GAO estimates that the net effect of such errors and inefficiencies in one financial interchange was that SSA paid the Board about $40 million more than it should have.

GAO recommends that the Board improve its calculations accuracy and that SSA do more to insure that the amount it pays the Board is proper.

Most Civil Service Disability Retirement Claims Are Decided Fairly, But Improvements Can Be Made (FPCD-83-1, April 13, 1983)

GAO analyzed a sample of applications for benefits under the Office of Personnel Management disability retirement program for the 1-year period ended March 4, 1982. At least 90 percent of OPM's decisions were consistent with program eligibility criteria. However, GAO believes that some improvements can be made. In particular OPM should develop better psychiatric criteria, use revised claims forms and instructions, and inform applicants of specific reasons for the denial of their initial claims.

Additionally, in fiscal years 1981 and 1982, the Merit Systems Protection Board reversed about 50 percent of the 1,172 appealed disability decisions. Although OPM has proposed some actions to alleviate this situation, it needs further strategies for evaluating and defending disability decisions that are appealed to the Board.

OPM management already has made substantial progress toward improving its disability retirement program; it plans still further actions.

Action Needed To Reduce, Account for, and Collect Overpayments to Federal Retirees (AFMD-83-19, June 28, 1983)

The Office of Personnel Management reported overpayments of about $214 million to retired Federal civilian employees and their survivors, from the civil service retirement and disability fund, during the 5 years ended September 30, 1982. Although OPM has recovered a substantial portion of these overpayments, it might have avoided some of the overpayments if better controls had been used to prevent dual payments and promptly identify deceased beneficiaries.

GAO found that (1) little emphasis was placed on eliminating benefit payments to individuals no longer eligible, such as deceased beneficiaries; (2) overpayments were not accurately recorded and reported, once identified; and (3) prompt, aggressive action was not taken to recover overpayments.

GAO recommends establishment of adequate internal controls to minimize, account for, and collect such overpayments from the fund.

Need To Eliminate Payments for Unnecessary Hospital Ancillary Services (HRD-83-74, September 30, 1983)

About 6 percent of the charges for ancillary services provided to a sample of medicare beneficiaries at 16 hospitals represented unnecessary care. All of the unnecessary care was paid by medicare because of the absence of effective medical necessity reviews.

Medicare's new prospective reimbursement system will provide an incentive for hospitals to eliminate unnecessary ancillary services. A remaining problem, however, is that the reimbursement rates under the new system are based in part on costs of providing unnecessary care. GAO recommends that HHS eliminate the cost of such care from the data base used to establish the rates.

GAO also noted that the medicaid program was vulnerable to the payment for unnecessary ancillary services.

Letter Reports

GAO's Major Activities in Aging During Fiscal Year 1982 (HRD-83-25, December 17, 1982).

Improper Hospital Charges for Priority Tests Claimed for Medicare Reimbursement (HRD-83-36, January 13, 1983).

Opportunities To Reduce Medicare Costs Under the End State Renal Disease Program for Home Dialysis Patients (HRD-83-28, January 21, 1983).

Response to Questions Concerning Percentage Contracts and Limited Service Contracts Under Medicare (HRD-83-30, February 2, 1983).

Circumstances Under Which Nonprofit Hospitals Are Reviewing and Deciding To Terminate Social Security Coverage (HRD-83-42, March 2, 1983).

Saving Possible by Modifying Medicare's Waiver of Liability Rules (HRD-83-38, March 4, 1983).

GAO Staff Views on the President's Fiscal Year 1984 Budget Proposals (OPP-83-1, March 4, 1983).

Updated Estimates of the Savings if the Social Security Benefit Formula Which Favors Short-Term Workers Was Revised (HRD-83-54, May 6, 1983).

VA Is Making Efforts To Improve Its Nursing Home Construction Planning Process (HRD-83-58, May 20, 1983).

Death Benefits Restored to Veterans' Widows Whose Remarriages End (HRD-83-51, May 27, 1983).

Federal Funding of Long-Term Care for the Elderly (HRD-83-60, June 15, 1983).

Comments on a Health Care Financing Administration Regional Office Report on New Jersey's Diagnostic Related Group Prospective Reimbursement Experiment (HRD-83-63, June 15, 1983).

Self-Employed Fiscal Year Taxpayers Can Receive an Advantage Compared to Self-Employed Calendar Year Taxpayers at the Social Security Trust Funds' Expense (HRD-83-45, June 30, 1983).

Analysis of Durable Medical Equipment Claims at Kansas City Blue Shield (HRD-83-73, July 8, 1983).

Comments on the Legislation Intent of Medicare's Hospice Care Benefit (HRD-83-72, July 12, 1983).

Medicare/Medicaid Funds Can Be Better Used To Correct Deficiencies in Indian Health Service Facilities (HRD-83-22, August 16, 1983).

Effect of Requiring New Federal Employees To Be Temporarily Covered by Both Social Security and Civil Service Retirement (OCG-83-1, August 31, 1983).

ENCLOSURE II.—*General Accounting Office audits in process which concern the elderly*

Review of Social Security Administration's Title II Computerized Application Systems.[1]

Survey of Retirees' Dependents' Benefits.

Review of Social Security Administration's Earnings Recomputations.[1]

Review of Social Security Administration's Annual Reporting Requirements and Earnings Enforcement.

Review of the Railroad Retirement Board's Awards of Disability Claims.[1]

Review of Medicare Reimbursement Differential for General Practitioners and Specialists.

Review of Physician Reimbursement in the End Stage Renal Disease Program.

Review of Utilization Review Efforts for Respiratory/Inhalation Terapy.

Review of Medicaid Reimbursement Systems for Nursing Homes.

Review of Cost Increases Resulting from Purchases of Hospital Assets.[1]

Survey of Medicare/Medicaid Controls Over Payments for Prosthetic Lenses.

Survey of Purchasing Arrangements Under Hospital Full-Service Management Contracts.[1]

Survey of the Cost of Cardiac Pacemakers and Related Services Under Medicare.[1]

Survey of Third Party Liability for Medicare/Medicaid Crossover Claims.

Followup Review of Durable Medical Equipment.[1]

Survey To Identify What Can Be Done to Contain Total Health Care Costs.

Survey To Identify What Can Be Done to Contain Total Health Care Costs.

Survey of Payment Controls for Inpatient Hospital Visits.

Survey of the Impact on the Medicare and Medicaid Programs of Individual State Licensing Sanctions.

Prospective Reimbursement for Home Health Care.[1]

Survey of Carrier Controls Over Medicare Part B Duplicate Payments.

Monitoring HCFA's Hospice Program Evaluation Project As Required by TEFRA.

Review of the Impact of Diagnostic Related Groups on Qualify of Care.[1]

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[1] Being performed at the request of committees or individual Members of Congress.

Survey of Medicaid Waivers Granted by HHS Under Sections 2175 and 2176 of the Omnibus Budget Reconciliation Act of 1981.

Survey of Alcohol Abuse Detoxification and Rehabilitation Services.

Survey of Medicare Part B.

Review of Effects on Medicare/Medicaid Costs of Hospital Conversions From Not For Profit to Proprietary Status.

Survey of Costs in Ambulatory Versus Inpatient Surgical Settings.

Survey of SSA's Corrective Action Planning Process and Followup Actions on GAO Recommendations.[1]

Assessment of Eligibility Verification Techniques for Insuring Entitlement Program Integrity.

Followup on Agencies' Action on Questionable Benefit Payments and on HHS' Action To Implement Requirement for Death Certificate Reporting.

Review of Recovery Techniques in Public Assistance.

Survey of the Office of Human Development Services' Coordinated Research and Demonstration Grants Management.[1]

Review of National Institute of Mental Health Clinical Training Program.[1]

Review of Veterans Administration Retroactive Benefit Payments.

Review of Inconsistent Veterans Administration Pension Program Provisions.

Review of the Department of Labor's Management of the Senior Community Service Employment Program.[1]

Survey of Labor's Investigation of Allegations of Abuse of Trust Funds Involving the Southern Nevada Culinary Workers and Bartenders Pension Trust.[1]

Survey of Labor's Coordination With Justice on Criminal Investigations.[1]

Review of Labor's Solicitor's Handling of Non-ERISA Allegations of Union Corruption.[1]

Review of Labor's Handling of Corruption of Union Pension Funds.[1]

Request for GAO To Update Labor's Overseeing the Management of Teamsters' Pension and Health and Welfare Funds.[1]

Review of the General Rules for Employers' Multiemployer Pension Plan Withdrawal Liability.[1]

Review of the Special Rules for Construction, Trucking, and Entertainment Industries' Multiemployer Pension Plans.[1]

Review of the Actuary's Role in Administering Multiemployer Pension Plan.[1]

Impact of Multiemployer Amendments on Pension Benefits.[1]

Review of the Distribution of Terminated Pension Plan Assests.[1]

Review of Reorganization Provisions of the Multiemployer Pension Plan Amendments Act.[1]

Survey of the Department of Labor's Enforcement and Administration of ERISA.[1]

Review of Multiemployer Pension Plans' Financial and Statistical Data Gathered During MPPAA Study.[1]

Followup on GAO Recommendations To Improve FLSA Enforcement.[1]

Legislative Changes Needed To Financially Strengthen Single-Employer Pension Plan Insurance Program.[1]

Review of the Pension Benefit Guaranty Corporation's Progress Toward Improving Accounting and Internal Control Weaknesses.

Evaluation of Low-Income Weatherization Program.

ENCLOSURE III.—*General Accounting Office activities affecting the elderly*

Effective May 15, 1983, the Comptroller General created the position of Assistant to the Comptroller General for Retirement Matters. The Assistant to the Comptroller General for Retirement Matters is responsible for monitoring activities in the Congress and the executive branch dealing with Federal retirement matters, providing the Congress with GAO's views on proposed changes, and keeping GAO staff informed of activities in this area.

In continuing our policy regarding employment of the elderly, during the period January 1, 1983 through November 28, 1983, GAO appointed 644 persons to permanent and temporary positions. Of that number, 36 persons were age 40 and older. As of November 28, 1983, GAO had 1,905 persons age 40 and older (36 percent of our work force) on the rolls.

Equal employment opportunity and merit promotion, two programs covered by GAO orders, provide the basis for our policy regarding employment of the elderly. Our policies and practices prohibit age discrimination in employment and in selection for job vacancies. In addition, our Civil Rights Office provides information and advice to persons regarding complaints of alleged age discrimination.

Employees nearing retirement age have available individual preretirement counseling. In addition, GAO provides semiannual preretirement seminars. The seminars are intended to help employees:

—Calculate retirement income available through the civil service and social security systems and understand options involving age, grade, and years of service.

—Understand health insurance and survivor benefit plans.

—Acquire information helpful in planning a realistic budget based on income, tax obligations, and benefits and make decisions concerning legal matters.

—Gain insights and perspectives on adjustments to retirement.

—Increase awareness of those community resources which might support preretirement planning, second careers, and financial planning; and

—Increase awareness of lifestyle options during the transition from work to retirement.

Also, the employee health maintenance examination, a comprehensive and professional medical examination, is available on a 2-year cycle for all employees age 40 and older.

ITEM 23. NATIONAL ENDOWMENT FOR THE ARTS

JANUARY 3, 1984.

DEAR MR. CHAIRMAN: I am pleased to report to you on the fiscal year 1983 activities of the National Endowment for the Arts concerning arts programing that involves older Americans.

As you know, there are 26 million Americans aged 65 and older, and they form an increasingly large proportion of our population (over 10 percent in 1980, and by 2030 over 20 percent, according to the Bureau of the Census forecasts). For arts organizations, this trend is important because older Americans represent high audience potential given their available leisure time. And for older people, art is important as a means of enriching and enhancing life's later years.

More and more older people seem to be discovering and developing their own abilities as artists. According to the National Council on Aging's Arts Center, the number of senior center directors nationwide who report engaging one or more professional artists has increased by 20 percent during the past 2 years. Concurrently, artists seem to be discovering in increasing numbers that their work with older adults enhances their own esthetic vision and enriches their craft. Many cultural organizations, including museums, are adapting their facilities to older adults, sponsoring outreach activities, and initiating volunteer programs for older people.

These themes were addressed in the first National Symposium on Access to Cultural Programs, which we sponsored in July 1983. Convened at Indiana University in Bloomington, it brought together 200 arts administrators from art agencies across the country to share successful efforts in making the arts availabe to special constituencies. Methods for reaching older audiences and perspectives of older artists were among the key topics discussed at the symposium.

In addition to this special initiative, Endowment support for a variety of projects in fiscal year 1983 benefited older Americans. It is difficult to estimate the total number of Endowment-supported programs that serve older Americans, as people of all ages benefit from Endowment grants. However, during fiscal year 1983, approximately 73 grants totaling $1.6 million were awarded to arts groups for projects that specifically involved older people. In our fellowship categories, 65 older artists (55 or older) were awarded $744,000.

The Arts Endowment is committed to the precept that older Americans should have equal opportunity to participate in the full range of our cultural resources. We will continue our commitment to involve older people in the arts through advocacy and support as outlined in this summary.

I am grateful for the opportunity to provide this information to you. Please advise me if I may be of further assistance.

Sincerely,

F. S. M. HODSOLL, *Chairman.*

Enclosure.

SUMMARY OF ACTIVITIES RELATING TO OLDER AMERICANS, FISCAL YEAR 1983

The Endowment's basic mission includes broadening the availability and appreciation of the best of our Nation's art among all people nationwide. As noted in the Endowment's mission statement (adopted by our National Council on November 5, 1983):

"The Endowment's programs are aimed at benefiting all people of this Nation regardless of sex, race, creed, national origin, handicap, age, or habitat."

With regard to making the arts available to older Americans, the Endowment has advocated and supported programs that increase the involvement of older people in the arts. The preponderance of our work in this area is through the Office for Special Constituencies. This Office was established in 1976. Its purpose is to provide advocacy, technical assistance, and funding to assist the development of projects and models which provide greater access to the arts for older Americans, disabled persons, and institutionalized populations. This Office serves as an advocate and catalyst of support from the Endowment's discipline and partnership programs and from the arts world and its supporters generally.

The liaison with Endowment arts and partnership programs is key, for we emphatically reject the notion that special or different arts programs should be developed for special constituencies, and choose instead to find ways to open the already existing programs of highest quality to as many older Americans as possible.

Creative expression in its most developed forms, and its highest levels of accomplishment, deserves a place in these programs. The carving for inspiration, and for joy, has no bearing on a person's age or whether they have an impairment. We are convinced that the arts can offer a way of staying more fully alive—to everyone. Most Americans won't settle for less.

Nonetheless, in our work, we have found that while the doors of a symphony hall, a museum, or a theater are theoretically open to all, some people are more likely to enter than others.

The Endowment supported a Survey of Public Participation in the Arts which collected data in 1982. For the most part, this survey indicates that participation in arts activities declines with age. For example, approximately 15 percent of people between ages 35 to 54 attended live theater performances as compared to 12 percent between ages 55 to 64, 10 percent between ages 65 to 74 and 5 percent between 75 to 96 years old. Again, 22 percent of the general public visited art galleries and museums as compared to 14 percent between ages 65 to 74, and only 8 percent of the people in the 75 to 96 age range.

This skew indicates that older people are underrepresented in arts audiences; we believe efforts should be made to reach them. They are a potential market for the arts. Record numbers of older Americans are participating in adult education today: Approximately 678,000 in 1981, or nearly triple the number 12 years ago. Also, household income of persons age 55 or more in 1980 was more than $400 billion, or nearly 20 percent of total 1980 U.S. household income—divided equally between the 55 to 65 age group and those 65 and over. In short, finances, leisure time, and interest in education among older people all indicate that they are important factors in the arts marketplace.

In recognition of both the importance of older people as audiences and of the arts to older persons, the Endowment supported in fiscal 1983 a number of programs.

SYMPOSIUM ON ACCESS TO CULTURAL PROGRAMS

In fiscal year 1983, our major initiative for special constituencies was to sponsor the first National Symposium on Access to Cultural Programs. Convened at Indiana University in Bloomington, the symposium was our first occasion to share directly with grantees lessons learned from 4 years' experience in promoting access to arts programs. More than 200 State and local arts agency administrators from as far away as American Samoa, shared and discussed the latest information about successful efforts to make arts programs available to special constituencies. Most of these projects were supported in part over the past 4 years by the Endowment. Workshops were held in design, performing, visual and media arts. There were other workshops involving public and legislation affecting arts access and arts outreach efforts. This symposium revitalized accessibility efforts of State agencies and arts groups, and infused with new energy the network of expertise and support that exists to make the arts available.

As part of the opening meeting, we made a point of featuring an older citizen who became involved in professional theater. Ed Rawson is 83, and since retiring has toured with Chicago's Free Street Threater. When forced into retirement at age 66, Mr. Rawson tackled the "attitude barrier" on his own. He explained, "I revised my résumé so that I was only 57 and after a month of job searching, Monsanto hired me. Five years later, when reviewing my records, they were shocked to discover that I was 71 years old, and changed my status to 'self-employed' just to keep me on for another 5 years." When Mr. Rawson finally did retire, he began acting in a theater group called Free Street Too. As a result, many opportunities have come his way, including a part in an Ibsen play at Goodman Theatre. He feels that his arts experiences are the highlights of his career.

Members of our National Council on the Arts were major contributors to this event including Celeste Holm, who delivered one of the keynote addresses, and Jessie Woods, who moderated a funding panel on accessible programing. A special panel session, featuring the National Council on Aging's Arts and the Aging Center, explored avenues for arts organizations to gain technical assistance.

The final workshop dealt with the real and the practical challenges of accessible programs—led by the Deputy Chief of the Department of Justice's Coordination and Review Section, and the head of the Endowment's Special Constituences Office. This session focused on the need for more collaboration and sharing among arts groups and among arts and special constituency groups. There was a consensus that the Arts Endowment should strongly express the intent to protect the concept of access and a resolution to that effect was passed. It was apparent to the participants that those organizations requesting Federal funds should clearly understand that they would be expected to comply with legal requirements of the Endowment's 504 regulations.

This landmark symposium generated a renewed awareness of access needs, and disseminated successful ways to meet those needs to State arts agencies, service organizations, artists, and arts administrators throughout the country.

DESIGN AND AGING

Unfortunately, many practicing architects do not appreciate the changes and conditions which characterize old age in America, or the relevance of these user characteristics to architectural design practice.

As indicated in my 1982 activities report, our Special Constituencies Office has been working with the American Institute of Architects (AIA), to improve design relative to older people. As a direct result of the exploratory symposium that was convened at AIA on "Design for Aging" in June 1982, the institute submitted a proposal to the Administration on Aging (AoA) for an extensive design effort.

Subsequently, AIA received a $95,000 grant from AoA to make architects more aware of the building-related needs of older persons, and to provide architects with useful guidance, information, and training in design for older people. The American Institute of Architects Foundation will prepare practical guidelines and building design information, and develop a pilot workshop on elderly conscious design.

The Endowment is working closely with AIA to expand on several of the projects.

PROGRAM ACCESSIBILITY

Access to cultural programs is often denied older adults because of architectural, attitudinal, and logistical barriers. The Endowment's 504 regulations, which mandate nondiscrimination of people with disabilities, and our related technical assistance work is benefiting those older persons with impairments.

The Endowment contracted with Barrier Free Environment, Inc., in Raleigh, N.C. to update our technical assistance materials for Endowment grantees. They will produce a comprehensive publication in May 1984, on how to make the visual, performing, literary, design, and media arts accessible to people with disabilities.

In addition, the Special Constituencies Office continues to develop model projects through the Endowment programs that demonstrate the best ways to make arts programs more available to special constituency populations. The projects are documented and disseminated to arts groups through various publications, conferences, and through our recent symposium on "Access to Cultural Programs" as outlined in this report.

In fiscal year 1983, a total of 29 models were sponsored through four programs totaling $266,000. For example:

> *Honolulu Symphony Society* in Hawaii, developed and implemented a program to make symphonic music more accessible to Hawaii's older population. This program includes a planning committee of older citizens; transportation to and from subscription concerts; community concerts; reduced ticket prices; and an expanded docent program.
>
> The *Two Penny Theatre* in Vermont, presents *ALMANAC*, a theatrical anthology of Vermont folklore, song, and history using information collected from older persons throughout Vermont. ALMANAC is performed by a mixed company of three older Vermonters and two Two Penny actors, and is presented in nursing homes, nutrition sites, senior centers, and other places where older citizens congregate. Older persons also participate in making costumes and sets.

Senior Concert Orchestra in New York, engages older musicians to perform free public concerts in various borough auditoriums in New York City and Long Island. Special promotional efforts are made to reach older audiences, including preconcert visits to senior centers and nursing homes.

ENDOWMENT FUNDING

It is difficult to estimate the number of Endowment-supported programs that serve older adults, since people of all ages benefit from Endowment grants awarded to a multitude of museums, theaters, perfoming arts groups, media, and other arts organizations. The Endowment, for example, supports touring groups which bring the performing arts to people in smaller communities who otherwise might not travel to a large city to attend cultural programs.

In addition, the Endowment awarded approximately 138 grants totaling $2,376,547 in fiscal year 1983 that specifically involve older people as participants or audiences.

For example, the Endowment has supported the National Council on Aging's Center on Arts and the Aging for the past 9 years. The Center's Director works effectively with aging and arts organizations to create a national awareness on the importance of including quality arts programs as an integral part of activities supported by State and local aging agencies.

The Center's major functions are dissemination of resource information, providing technical assistance, and convening or assisting with seminars and workshops for approximately 3,000 individuals or organizations each year. With the burgeoning number of arts and aging programs, the Center's role as a clearinghouse and information exchange has increasing significance. Artists working with older adults, in their eagerness to learn what others in their discipline are doing, are significantly increasing the number of information requests. The Conter is currently engaged in a major information gathering phase to update and expand its knowledge of all arts/aging programs that will result in the publication of the "Resource Guide to People, Places, and Programs in Arts and Aging" in the summer of 1984.

The quarterly newsletter, "Collage," with a current circulation of approximately 1,600, serves as an information exchange, and contains a broad range of practical information about resources, programs, and materials.

Other examples of Endowment-supported efforts that benefit older people are listed by arts discipline as follows:

Dance

Changing Times Tap Dancing Co., in New York, is conducting five performance workshops devoted to tap improvisation and composition which ranges from traditional hoofing to experimental uses of tap dancing. Older hoofers join emerging choreographers to seek new, cross-generational dances, vocabularies, and techniques.

University Foundation in Chico, Calif., is preparing a 1-hour program on Hanya Holm, who is in her seventies, in recognition of her active involvement and achievements in modern dance and American musicals. Ms. Holm's significant contributions to dance have had major impact on this art form.

Design Arts

Pittsburgh Presbytery in Pittsburgh, Pa. is examining spatial considerations relating to older person's fear of losing privacy and independence in "shared living" situations. A handbook on spatial components of shared living will be produced and professional workshops for housing practitioners will be sponsored.

Expansion Arts

Bronx Museum of the Arts in New York, is expanding its afternoon instruction workshops to include adult workshops in the evening. The museum's daily visitors consist primarily of minorities and older residents.

Mandala Folk Dance Ensemble, Inc., in Cambridge, Mass. is expanding its 8-year-old access program for older people. It provides transportation and tickets to attend Mandala performances for over 400 senior residents from Roxbury, South Boston, and other blue-collar and minority neighborhoods. Folk performances will tour nursing homes with participatory workshops.

NYC Hispanic American Dance Co. in New York, provides classes in ballet, Spanish dance, modern, Dunham technique, and gymnastic dance to students from age 6 to senior citizens. Tuition is kept low and scholarships are provided to students demonstrating need, talent, and dedication.

Printmaking Workshop in New York, has an outreach program that teaches linoleum block print, lithography, etching, monoprint, silkscreen, calligraphy, and drypoint to children, adults, and older persons. Classes will be followed by an exhibition of the works produced in the classes.

Folk Arts

American Place Theatre in New York, presents a traditional medicine show which showcases performers who once worked the medicine show circuit. Lectures, demonstrations, exhibits, an illustrated booklet of scholarly articles and archival audio tapes are additional components of the show.

Channel Five KNPB in Reno, Nev., is producing a half-hour video tape on Lige Langston who was born in 1908 on a homestead in Nevada. Mr. Langston is one of the few rawhide workers who continues to work rawhide and cowhair into cowboy gears, a skill that has long been necessary in "cow country" worldwide.

Center for Southern Folklore in Memphis, Tenn., is producing an Old Daisy Traditional Performing Arts Series in the Old Daisy, a 1920's movie theatre. The project features documentation of area traditional artists—plus 30 weekend performances presenting genres associated with historic Beale Street and traditions of the mid-South.

Fenway Community Development Corp. in Boston, Mass., held a five-part neighborhood cultural festival featuring musician, poet, and painter, Howard Armstrong who is the last active member of Martin, Bogan and the Armstrongs; on of the oldest Afro-American string band in the country. The group came out of retirement in the early 1970's to preserve the troubadour tradition in American folk music, and now works with a group of younger folk musicians to disseminate this rapidly disappearing muscial style.

Film Arts Foundation in San Francisco, is producing a 30-minute film documenting the daily rituals and cultural heritage of the Cape Verdean American folk artist, Juaquin Miquel Almeida. This 84-year-old folk artist is a master at hand-carved whaling ships and other vessels relevant to the livelihood and history of Cape Verdean Americans.

Film Arts Foundation in San Francisco, is producing a 27-minute documentary film for national public television about the life and music of Howard Armstrong, leader of the last black string band still performing in the United States. Mr. Armstrong is a 72-year-old musician and an expert on black history, culture and folklore.

Inter American University of Puerto Rico in San Juan, is sponsoring a series of workshops on the art of fine hat weaving taught by two senior women weavers from Cabo Rojo. This art form will be the central theme of the Straw Festival in Cabo Rojo.

National Council for the Traditional Arts in Washington, D.C., conducts a tour of cowboy acts that present outstanding practitioners of oral and musical skills ranging from the "big windy" story, humorous anecdotes and poetry to narrative ballads, western fiddling, and slack-key guitar.

New Mexico Arts Division in Santa Fe, N.Mex., is producing a 28-minute film "La Musica de los Viejitos," featuring older Hispanic folk musicians of New Mexico and southern Colorado.

Nooksack Indian United Methodist Church in Bellingham, Wash., teaches youth traditional fishing methods and how to make traditional bailers and shovel-nosed river canoes, before the expertise, skill, and knowledge are lost.

Literature

Arts & Humanities Council of Greater Baton Rouge in Louisiana, sponsors three weeklong residencies by three nationally prominent writers (e.g., Allen Ginsberg, Mona Van Duyn, William Stafford or Grace Paley). Each writer gives public readings, conducts writing workshops, and participates in discussions and conferences with local writers. The audience will consist of local professional writers, students, and members of the general public.

Hawaii Literary Arts Council in Honolulu, sponsors 10 mainland writers (e.g., Denise Levertov, Peter Matthiessen, William Stafford, May Swenson, and David Wagoner), who will be in residence to give readings and conduct writing workshops. The writers will travel to other parts of the State, working with audiences they do not normally reach.

Media

Mr. L. T. Hurwitz, age 74, in New York, is developing a script for a feature film on the life of John Brown.

Museum

DeCordova and Dana Museum and Park in Lincoln, Mass., provide studio art scholarships and transportation for low-income senior citizens, and workshops to interest and educate them concerning the museum collections.

Henry Street Settlement in New York, provides gallery visits, films and slide shows, talks and performances, and festivals to older persons in New York's multiethnic, low-income neighborhoods.

Museum of Fine Arts in Santa Fe, N. Mex., mounted its first exhibition of works by Georgia O'Keefe, a resident of New Mexico since 1929. Works will span a period from 1917 to 1970's.

Museum of Fine Arts, Houston, Tex., opened the first comprehensive retrospective of Lee Krasner's work on her 75th birthday. All phases of her mature career are represented.

Music

Buffalo Philharmonic Orchestra in New York, brings together children with chronic heart disease, nondisabled children and older people to enjoy concerts and rehearsals by the Buffalo Philharmonic. This intergenerationla group gathers 1 hour before each event to meet with the musicians and conductor.

Charlotte Symphony Orchestra in North Carolina, performs three daytime concerts especially designed for older persons in North and South Carolina that feature older guest artists and involve audience participation. Older citizens usher, take reservations, and assist with the promotional mailing prior to each concert.

Ensemble of Santa Fe, Inc., in Santa Fe, N. Mex., takes its chamber music concert series and community outreach programs into schools, senior citizen centers, and nursing homes.

Phoenix Symphony Association in Arizona, provides an education service and audience development program for older adults. The program includes admission, transportation to four "Classic Series" concerts, and preconcert events.

Santa Barbara Symphony Orchestra in California, has developed a preconcert project that informs and educates older and disabled people through six Sunday matinee concerts. A docent team, consisting of orchestra musicians and visually impaired members of the Braille Institute, visit homes and hospitals to present demonstrations about future concerts.

Savannah Symphony Society in Georgia, reaches underserved populations by integrating special constituencies into its existing audiences through ticket distribution to 32 area agencies and providing transportation through the Senior Citizens, Inc. The ensemble presents preconcert visits, printed and taped program notes, and docents are trained to assist disabled and older concert-goers.

Strings for Schools, Inc. in Malvern, Pa., presents over 257 chamber music performances in public schools and institutions serving older and disabled persons throughout the five-country region in southeastern Pennsylvania. Presentations include instructive discourse between performers and audience.

Theater

Tears of Joy Theatre in Vancouver, Wash., introduces and involves older persons in the art of puppetry. Puppet shows are presented at nutrition sites, followed by a discussion and workshop. Older adults then develop scripts, make puppets, and perform plays at nursing homes in the community.

Visual Arts

Port Authority of Allegheny County in Pittsburgh, Pa., commissioned five artists, including 69-year-old Romare Bearden, to design, fabricate, and install works of art at three major downtown Pittsburgh sites in conjunction with the construction of a 13-station Light Rail Transit (LRT) system.

ITEM 24. NATIONAL ENDOWMENT FOR THE HUMANITIES

DECEMBER 19, 1983.

DEAR MR. CHAIRMAN: I am pleased to enclose a report which summarizes major activities for or about the aging supported by the National Endowment for the Humanities in 1983.

It is my hope that you and your committee will find this summary of our activities and plans useful. Please let me know if we can be of any further help to your committee.

Sincerely,

GEOFFREY MARSHALL,
Deputy Chairman.

Enclosure.

REPORT ON ACTIVITIES AFFECTING OLDER AMERICANS IN 1983

I. INTRODUCTION

The National Endowment for the Humanities, estabilshed by an act of Congress in 1965, exists to carry out two fundamental objectives:

(a) To assist scholars and teacher in the humanities, and the institutions which nourish their work, in investigating the key questions in their scholarly disciplines and to help them communicate the products of their work through more effective teaching and publication; and

(b) To foster throughout the Nation an awarness of the importance and value of the humanities for contemporary life in America.

In carrying out its congressionally mandated mission of furthering the understanding of the humanities in the United States, NEH responds to humanities scholars, and institutions' needs and interests primarily as they are expressed in unsolicited applications for specific projects. Therefore, the agency does not usually set aside fixed sums of money for work in any discipline or for particular areas of the country or groups. As a result, there is no single program for senior citizens using funds specifically allocated for that group; nor is there a program within the agency expressly designed to support the study of the aging process or of elderly people. Rather, both of these interests can be pursued through the full range of Endowment programs, depending on the project's goals and formats.

Although the Endowment does not have specific programs for or about the aging, NEH supported products of all types (such as print materials, museum exhibitions, radio and television programs) are helping to bring the humanities to senior citizens. In addition to using NEH products, older Americans participate in NEH-supported activities, including scholarship, formal education programs, and discussions of public policy and other questions illuminated by the humanities.

Some of the ways in which older persons participate in the Endowment's programs are discussed in section III of this report.

II. NEH ADMINISTRATIVE ACTIVITIES CONCERNING THE ELDERLY

In 1979, in order to insure that older Americans would have access to Endowment funds and programs, the Endowment developed and published in the Federal Register its proposed regulations under the Age Discrimination Act of 1975. As a result of this publication, comments on the proposed regulations were received and considered. During fiscal year 1984, the Endowment's Equal Opportunity Office will be preparing regulations in final form for publication in the Federal Register.

In the fall of 1980, NEH and the National Endowment for the Arts (NEA), the Administration on Aging (AoA), and the White House Conference on Aging staff developed a memorandum of understanding outlining long term, comprehensive programs of cooperation in the area of humanities, arts, and aging.

A cooperative plan containing an outline of upcoming activities concerning the aging resulted from regular meetings of NEH and AoA. The Endowment also sponsored an miniconference on the use of the humanities by the elderly in February 1981, and Endowment staff attended the December 1981 White House Conference on Aging.

Through its Office of Program and Policy Studies, NEH supports research on conditions in the humanities, including studies providing a wide range of demographic data on individuals pursuing advanced degrees in the humanities or those working in humanities institutions. Since 1977, for example, NEH has supported the survey of doctorate recipients which gathers data on the characteristics and career patterns of humanities Ph. D.'s. Manipulation of the data base can provide analyses of the salaries, type, and location of employment for Ph. D.'s of any age category. A similar survey, directed to State and local historical organization professionals, provides demographic data in that sector as well.

III. PARTICIPATION BY OLDER AMERICANS IN NEH PROGRAMS

The Endowment welcomes applications from persons of any age. Through the regular selection process which emphasizes quality and the centrality of the humanities in proposed projects, NEH funds proposals involving older individuals as project directors, project personnel, or consultants. Also eminent and respected older scholars often serve the Endowment by acting as specialist reviewers and panelists in judging project proposals. Blyden Jackson and Germaine Bree, both in their midseventies, are examples of eminent older scholars, in the fields of literature and French, who have served as consultants in education projects funded by the Endowment.

The summer seminars for college teachers program last year included a total of 83 seminar directors, of whom two were over 70, four were between 65 and 69, and eight were between 60 and 64. For the same period, 38 participants in seminars were over 55 years, 16 were between 60 and 64, and three were over 65 years.

Older Americans without scholarly, training also make essential contributions to many of the Endowment's projects. For instance, projects for the creations of Native American language dictionaries and tribal histories frequently use elderly members of the tribe as consultants or informants. In another example, a project titled "The Pear Garden in the West: America's Chinese Theater, 1852-1982," made possible by a grant of $33,280, is using the elderly to help interpret museum exhibitions at seven locations around the country. The exhibit focuses on the role of Chinese theater, particularly Cantonese opera, in the life of Chinese immigrants and Americans as a whole. Jack Chen and Wylie Wong, at 75 and 65 respectively, are the project's energetic codirectors. The result of this effort will be of interest to the elderly. This project illustrates how older Americans serve as both active participants and audiences for many Endowment-funded projects in the humanities.

Certain efforts in education programs and all of the activities supported by NEH to increase understanding of the humanities among the general public reach large numbers of older Americans.

Continuing education.—Many institutions of higher education, including community colleges, are offering courses for credit that make use of NEH supported media productions and accompanying printed materials. Some of these courses are particularly suited to those elderly students whose mobility may be limited by health or transportation problems since the courses do not require attendance on campus. All provide good opportunities for continuing a lifelong education.

The Endowment's concern with continuing education has gone beyond courses tied to NEH-funded media productions. In 1979-81, the Endowment conducted a special initiative on continuing education. This initiative included seven regional workshops, each with participants from about 25 institutions, with discussions focusing on fashioning programing to meet the needs of a variety of audiences, including the elderly. In the wake of these conferences the Endowment has funded many applications in the area of continuing education. The resulting activities and courses are targeted to adult audiences and are often of special interest to the elderly.

The Endowment has recently revised the makeup of its Education division. There is now an education program for nontraditional learners. While this program embraces a large audience, it is also expected to serve older Americans. The program is designed to help improve the quality of education or decrease the unit cost of instruction at institutions—colleges, libraries, and museums, for example—that already have progrms for nontraditional learners. As with all Endowment programs, projects funded must be intellectually substantial and thoroughly grounded in the scholarship of the humanities.

Two grants were made in fiscal year 1983 to support instruction for homebound persons or others who cannot attend class on a college or university campus. First, the International Consortium for Telecommunications in Learning is preparing a television-assisted course entitled "America at War and Peace," with a focus on a social history of periods of U.S. involvement in warfare. Second, the University of Oklahoma is now beginning to offer an off-campus course, "Civic Literacy," which explores the intellectual history of the U.S. Constitution and will be available in 2 years for use by other colleges and universities across the United States.

Media program.—The quality radio and television productions supported by the Endowment (e.g., "American Short Story," "Odyssey," "Realizations: Growing Old in America," "Life on the Mississippi," and "Castle") are especially appreciated by older people, many of whom cannot or prefer not to leave their homes. Specific information on media programs and any adjunct material produced is provided to all organizations working for special groups, including the elderly.

Humanities radio programing, like the weekly series of 52 30-minute programs, "Soundings," which features discussion with scholars on recent research in the disciplines in the humanities, serves a wide audience. including the visually handicapped, who might have limited access to the humanities in other media. For many elderly people confronting problems such as impaired vision and reduced mobility, these Endowment-funded programs provide access to information as well as a mechanism for communicating with others.

Museums program.—In this program, the Endowment is making an effort to reach the elderly by encouraging museums or historical organizations receiving project funding to waive entrance fees for senior citizens and others on certain days.

Other projects supported by NEH are designed either to increase understanding of the special problems and challenges facing the understanding of the special problems and challenges facing the elderly or to provide learning experiences in the humanities for older citizens. These are described in section IV of this report. In addition, regrants of NEH funds through humanities communities based in the States have supported many locally-initiated-and-conducted projects of these kinds, some of which are described in section V.

IV. SPECIFIC NEW GRANTS SERVING THE ELDERLY

Beginning this fall and continuing until the fall of 1985, an Endowment grant of $577,525 to the National Council on Aging for its senior center humanities program has the potential of involving thousands of older Americans in the humanities through activities held at 180 sites (including senior citizen centers, nutrition sites, day care programs, and nursing homes). Trained volunteers use a thematically organized anthology of literary works. One anthology now being prepared is on "The Search for Meaning," and draws upon Conrad, Kant, Camus, and others. In addition, during 1983 the Endowment made awards for projects designed—in whole or in part—to increase knowledge about aging or to provide special materials or activities for older persons and for projects which involve the elderly as resources. Examples of this type or program for 1983 follow.

A. Examples of Grants About Aging or the Elderly

A grant of $51,540 will support scripting of two teleplays in a six-episode series of 1-hour dramatizations of American short stories concerned with the theme of old age. Stories will be selected from the works of such writers as John Steinbeck, Edith Wharton, John Sayles, and Mary Wilkins Freeman.

A grant of $15,000 will provide support for a film about three elderly Ozark musicians whose experiences reflect the unique cultural, historical, and creative influences which have shaped the lives of the people in this area.

B. Examples of Grants for Older Americans or Using Older Americans as Resources

Ruth Rubin (77 years old) received a grant of $35,000 to help prepare the publication of an anthology of Yiddish folksongs selected and transcribed from her own field collection begun in 1948. Dr. Rubin interviewed many older persons in collecting her materials. The anthology will bring together folksongs of high esthetic quality, revealing the East European culture which produced them and the New World people who preserved them.

Teaneck Public Library in New Jersey is using a grant of $81,070 to create a traveling exhibit, an audio-slide show, and video tape, which, using oral histories, will depict a period of growth and integration in Teaneck. The project will use older persons as resources and will be of special interest to the elderly.

With a grant of $173,383, Fisk University library will offer a series of 15 lectures on black folk culture. In addition to other types of research, project staff will collect folklore from older are residents. All lectures will be audio and video taped for use during a summer outreach component geared to senior citizens.

Joseph H. Silverman at the University of California, Santa Cruz, received a grant to provide supplementary support for work on an edition of Judeo-Spanish traditional ballads. Older persons are valuable resources in this project.

V. STATE PROGRAMS AND THE AGING

The State programs division of the Endowment makes grants to humanities councils based in the 50 States, Puerto Rico, the District of Columbia, and the Virgin

Islands. These councils, in turn, respond to competitive applications from institutions and organizations within the State for humanities projects of broad benefit to the citizens of the State. Each State group may determine the kinds of humanities activities it wishes to support. Some of the projects funded across the country focus on public issues or matters of contemporary concern to society. Therefore, many projects deal with the topics of biomedical ethics, death and dying, the status of the family within the society, and with other isues of particular concern to the elderly as well as to the general population. Below are presented some examples of projects which are specifically directed toward the elderly or projects which are specifically directed toward the elderly or focus directly on the problems of the elderly rather than on the galaxy of related issues of health care, family, etc., mentioned above.

Examples of State Humanities Projects Directly Affecting Older Citizens

Based on information submitted by the State-based councils so far, approximately 110 State regrants aging projects were undertaken by 30 councils in 1983. The following examples suggest the variety of activities supported, especially those whose content and concepts might be duplicated in other communities.

Although the variety of these projects can only be suggested here, they generally include one or more of the following features: Exploration of the values and assumptions implicit in our behavior toward the elderly at present, exploration of attitudes toward aging in other cultures or in other periods of American history, and programs of personal enrichment in the humanities directed specifically to elderly audiences.

Alabama (Committee for the Humanities in Alabama): The Alabama Council of Local Governments sponsored a history project specifically designed to reach senior citizens in rural communities. An historian traveled to rural sites with a slide and oral presentation on topics related to theme of "American History's Impact on Individual Values." The sessions followed lunch and sparked lively discussion with the audience.

Kentucky (Kentucky Humanities Council, Inc.): The Kentucky Humanities Council funds an elderhostel program which supports a variety of activities for senior citizens including seminars on campuses, lectures, and guided tours of historic sites throughout the State. One seminar on the theologian Thomas Merton involved a weeklong intensive study with presentations from scholars of philosophy. Participants enjoyed the opportunity for concentrated study and discussion in a university campus setting. Another project was a tour of the homes of four prominent citizens including the State senator, Henry Clay. The tour was guided by an historian who supplied insights into the lives and times of the individuals.

Maine (Maine Humanities Council): Sparked by community interest, the Hancock County Extension Association is sponsoring an in-depth study of the place of the elderly in several communities in the county. Scholars of history, anthropology, and literature are examining documents such as court records, census information, letters, diaries, and photographs, and are performing oral interviews with third generation volunteers for each community. They hope to provide a more complete picture of the development of the county and will share the fruits of the study through eight public presentations.

New Mexico (New Mexico Humanities Council): Senior citizens centers throughout the State have found the council's speakers bureau to be an excellent source for programs. On center in the southern part of the State which has a large population of Hispanic Americans used the "American Short Story Series" films followed by presentations from a scholar of literature. The series became an examination of American culture as well as an examination of literature. Highlands Senior Citizen Center brought a scholar on the works of Charles Dickens to discuss the author's use of comedy, treatment of women, and reasons for his current popularity. Specific novels were included under each topic.

Ohio (The Ohio Humanities Council): A 1-day conference for educational administrators, community leaders, representatives of cultural institutions, and administrators of facilities for senior citizens in the greater Cincinnati area gave these individuals time to plan for coordinated programing for seniors. All were interested in sharing resources and have formed a coalition to organize projects.

ITEM 25. NATIONAL RESEARCH COUNCIL

DECEMBER 29, 1983.

DEAR MR. CHAIRMAN: In response to your request for an update of National Research Council activities and programs related to aging, I am happy to provide a summary of current activities.

The National Research Council is the principal operating agency of the National Academy of Sciences and the National Academy of Engineering. Although not an executive agency of the Federal Government, the National Research Council, in conjunction with the Institute of Medicine, draws upon a wide cross-section of the Nation's scientists, engineers, and medical professionals for advisory services to executive branch agencies and the Congress, as provided by its congressional charter of 1963. In this capacity, a number of National Research Council and Institute of Medicine reports have been published related to aging.

Currently, the National Research Council is in the process of establishing a research agenda that would integrate all aging-related activities of the institution. In this process, discussions with various Federal agencies are under way for support of these initiatives in such areas as diet, nutrition, and aging, and environmental pollutants and aging.

Significant activities undertaken during the past year and planned for the future and summarized in the attached report.

Yours sincerely,

FRANK PRESS, *Chairman.*

Attachment.

COMMITTEE ON AN AGING SOCIETY

The Committee on an Aging Society was established by the Institute of Medicine in 1982 to explore the societal implications of the changing age distribution of society and to administer an academywide effort to identify and to study problems of aging in an aging society. The committee organized a series of meetings, each of which is devoted to one theme encompassing a cluster of related issues. The meetings are to be followed by reports, including a public policy perspective on the issues.

The theme of the first symposium held in May 1983 was "Roles of Older Persons in the Aging Society."

The focus of the May symposium was narrowed to issues associated with unpaid productive roles for the elderly in the light of changing social circumstances. These issues remain largely unexamined despite their importance. It is an area that is being profoundly affected by the demographic and social changes taking place. For example, the traditional source of volunteers to staff a wide variety of community organizations, and to provide informal support to the noninstitutional frail elderly, has been housewives. But this source of volunteer manpower has been shrinking because over 50 percent of married women now work at paid jobs full time and the fraction is growing. At the same time, the growing number of relatively healthy retired persons of both sexes may constitute a potential source of volunteers for many of these roles. Also, the growing requirements for noninstitutional care of the frail elderly probably can be met only with increased reliance on unpaid labor—i.e., older people helping each other. These are illustrative of a broad spectrum of needs and opportunities for unpaid service with important public policy implications.

Four papers were commissioned by the committee as follows:

(1) "Some Sociodemographic Observations Relating to Unpaid Productive Roles in an Aging Society," by George C. Myers and Kenneth G. Manton of the Duke University Center for Demographic Studies.

(2) "Unpaid Productive Activity Over the Life Course," by James N. Morgan of the Institute for Social Research, University of Michigan.

(3) "The Economic of Volunteerism: A Review," by Carol Jusenius, staff economist at the National Commission for Employment Policy.

(4) "The Older Volunteer Resource," by Jarold A. Kieffer, a consultant who was director of a study entitled "Older Americans: An Untapped Resource," which was done by the National Committee on Careers for Older Americans and published in 1979.

The report of this symposium is now in preparation.

A second symposium held in July 1983 and entitled "Health and Disease in an Aging Society" had two foci: Issues of health care for the elderly, especially the frail elderly requiring long-term care, and the distinctions between the effects of aging and those of disease on functional status of the elderly. Four papers were commissioned on the first topic as follows:

(1) A paper by Anne Sommers of Rutgers University entitled "Financing Long-Term Care: Institutions, Incentives, Issues."

(2) A paper by Sidney Katz of Brown University entitled "Active Life Expectancy."

(3) A paper by David Rabin of Georgetown University entitled "Waxing of the Gray, Waning of the Green,' which addresses the issue of the growing needs for a combination of medical and social services for a substantial fraction of the very old and of the absence of any institutional arrangements to meet these needs.

(4) A paper by Barbara Silverstone entitled "Informal Social Support Systems for the Frail Elderly."

Three papers were commissioned on the second topic:

(1) A paper by Edward Lakatta entitled "Health, Disease and Cardiovascular Aging."

(2) A paper by Robert Katzman entitled "Aging and Age Dependent Disease: Cognition and Dementia."

(3) A paper by Dan Blazer entitled "Depressive Illness in Late Life."

The report of this symposium is now in preparation and should be ready for publication in early 1984.

FUTURE PLANS

If resources permit, the committee plans to conduct four more symposia—two each in 1984 and 1985—and then issue a final report reviewing its accomplishments and suggesting further activities that should be addressed by various units of the National Research Council and the Institute of Medicine.

The committee selected two topics for the next symposia:

(1) The environment for living in the aging society. This is meant to encompass a broad array of issues such as housing for all age groups—not just the elderly—communication, transportation, and community facilities. The symposium would examine the way various public policies—Federal, State, local—affect the location and characteristics of housing and other aspects of the built environment. This is an extremely broad area and an expert planning committee, working with a subcommittee of the Committee on an Aging Society, would be expected to select perhaps five or six topics with major public policy significance on which to commission papers. The tentative date for the symposium is March 1984.

(2) Age distinctions and the law, an explanation of legal and ethical issues in the aging society. This symposium, scheduled for the fall of 1984, would address a broad set of issues that are raised by the present legal structure in the face of the changing age distribution of society.

For 1985, two additional topics will be selected by the committee at its next meeting. Among the topics under consideration are:

(1) The changing family in an aging society, with emphasis on th changing characteristics of the post-world War II baby boom generation, particularly the women who have undergone profound changes in lifestyle, educational attainment, roles in the labor market, etc. When this new generation becomes the elderly component of our society (over 20 percent of the population by the year 2020), there will be major differences from the current elderly population, with important public policy consequences.

(2) Economic consequences of an aging society. This is a very broad topic and the committee wishes more time to subdivide it and make a decision on what aspects merit particular attention.

(3) Education in an aging society. This is another broad topic requiring further consideration by the committee before final selection as a symposium topic.

STATISTICAL PROBLEMS IN POLICY ANALYSIS FOR AN AGING POPULATION

The Committee on National Statistics of the Commission on Behavioral and Social Sciences and Education is exploring statistical programs in policy analysis for an aging population. The committee has documented existing data sets on aging, reviewed major trends that affect policy on aging, and convened a conference in April 1983 to assess the extent of the statistical programs.

The 30 conference participants included representatives of Federal agencies responsible for statistical programs, policy analysis, or research on aging; congressional staff; academicians from fields, including social work, economics, gerontology, demography, statistics, sociology, and health services; and representatives of professional organizations concerned with gerontology.

Although extensive data on the elderly are available, the meeting participants identified many areas in which data collection, analysis, and statistical methodology could be improved. For example: In policy analysis, long-term care issues require recent data on the age distribution of people in nursing homes and data on the relationship of institutionalization to the need for social support services that might have provided a less expensive form of care; and medicare/medicaid issues require a joint distribution of uses of medical care (including information on health for all possible capabilities) and status of economic security (including information on wealth, income, and support from relatives). Methodological topics requiring further research include linking and merging data bases, projections of life expectancy and need for long-term care, the potential of microsimulation models, and analysis of longitudinal studies.

There was consensus at the meeting that our decentralized Federal statistical system and the lack of emphasis on policy-relevant statistics require an independent group with expertise concerning integrated statistical systems and methodology to address effective strategies for providing statistics needed for policy development for the elderly. Negotiations concerning a formal study of "Statistical Problems in Policy Analysis for an Aging Population" are under way with several agencies of the Federal Government interested in problems of aging.

COMMITTEE ON HEARING, BIOACOUSTICS, AND BIOMECHANICS

A second committee of the Commission on Behavioral and Social Sciences and Education, the Committee on Hearing, Bioacoustics, and Biomechanics (CHABA), has reestablished a Working Group on Speech Understanding and Aging. Members of the committee, appointed for a 3-year term beginning October 19, 1983, represent psychoacoustics, audiology, speech reception, and medicine as they relate to aging.

The task of the working group is to update a 1975 CHABA report entitled "Speech Understanding and Aging," which reviewed the results of major studies in the area, including the difficulty of the aged in understanding degraded speech or in listening to speech where noise interference is occurring. The 1975 report also addressed the problems of those aged listeners who have unique language backgrounds or short-term memory problems requiring redundancy in the speech message.

The National Institute of Aging has requested a review of research produced in the past 8 years to update the 1975 report. A new feature of the report will include the difficulty of understanding speech for aged persons having an overlay of hearing impairment.

Of assistance to the activities of the working group will be a commissioned paper which will discuss the difficulties of relating sensory thresholds and speech reception testing to the ability to understand everyday speech. Improved criterion measures have been developed recently that go beyond the typical questionnaires which ask for self-evaluation of the ability to understand everyday speech of peer evaluation of this ability.

Completion of a report on speech understanding and aging is projected for late 1984.

NURSING HOME REGULATION

The Health Care Financing Administration has asked the Institute of Medicine and the National Academy of Sciences to conduct a study of nursing home regulation. The study is to serve as a basis for adjusting Federal (and state) policies and regulations governing the certification of nursing homes so as to make those policies and regulations as appropriate and effective as possible. The certification process includes standards of operation, criteria, assessment procedures, surveillance, enforcement policies and procedures, and sanctions.

The study will address four sets of questions:

(1) What are the objectives that certification policies and regulations should seek to achieve?

(2) How effective are the various approaches to the certification process in assuring satisfactory quality of patient care in nursing homes? To what extent is patient care quality influenced by such other factors as reimbursement policies, bed supply, institutional ethos, etc.?

(3) What are the current role relationships of the Federal and State governments in the certification process? What should they be? How are licensure and certification related?

(4) How should current Federal and State policies and regulations be modified to best achieve the objectives that should be sought through the certification process?

The study commenced on October 1, 1983, and the final report is due on July 31, 1985.

ITEM 26. OFFICE OF CONSUMER AFFAIRS

DECEMBER 5, 1983.

DEAR MR. CHAIRMAN: In response to your request, I have enclosed the "Report of Activities of the United States Office of Consumer Affairs During 1983 Relating to Older Consumers."

My office is pleased to have the opportunity to contribute to the committee's annual report on aging. I am keenly aware of the problems, needs, and concerns of our elderly consumers. In 1984, my office will expand its activities to provide even greater assistance to elderly consumers.

Sincerely,

VIRGINIA H. KNAUER,
Director, and Special Adviser to the President for Consumer Affairs.

Enclosure.

REPORT OF ACTIVITIES OF THE U.S. OFFICE OF CONSUMER AFFAIRS DURING 1983 RELATION TO OLDER AMERICANS

The Director of the U.S. Office of Consumer Affairs (USOCA) is Virginia H. Knauer, who is also Special Adviser to the President for Consumer Affairs. The President has also designated Mrs. Knauer as the chairperson of the Consumer Affairs Council, established by Executive Order 12160. Mrs. Knauer directs consumer affairs activities at the Federal level. OCA provides the staff and administrative support to carry out these responsibilities.

OCA encourages and assists in the development and implementation of programs dealing with consumer issues and concerns; advises agencies on the effectiveness of their consumer programs; exchanges views with business and industry officials by encouraging the development of voluntary employment, consumer protection and information programs; serves as the focal point for the coordination and standardization of Federal complaint handling efforts; works to improve and coordinate consumer education at the local, State, and Federal levels; and cooperates with State and local government agencies, and voluntary, consumer and community orgaizations in the delivery of consumer services and information materials.

The major activities focus on voluntary mechanisms, marketplace innovations, consumer education and information, and conferences to exchange information and develop dialogs. OCA activities also focus on helping State and local government units and consumer and community groups to deal with issues affecting consumers.

Highlighted below are major activities having the greatest impact on older Americans.

OUTREACH

OCA worked with the American Association of Retired Persons in developing a program to increase seat belt usage by the elderly.

OCA continued to provide leadership in encouraging voluntary efforts by the food industry to limit sodium content and to label the amount of sodium in foods, especially processed foods.

OCA worked with the Center for Environmental Physiology in providing advice and technical assitance to the Senate Special Committee on Aging for reports entitled, "Consumer Frauds and Elderly Persons: A Growing Problem" and "Heat Stress and Older Americans: Problems and Solutions."

In cooperation with United Way national headquarters, OCA is distributing copies of the Consumers Resource Handbook to United Way's 350 local information and referral agencies across the Nation in order to better assist the elderly and other low-income consumers resolve consumer problems. In addition, OCA is exploring—with United Way and the National Association of Consumer Affairs Administrators—development of a program to establish closer linkages between United Way agencies and local government consumer offices to improve the latter's outreach to elderly and disadvantaged consumers.

Meetings and Conferences

The OCA Director convened meetings with representatives of aging constituency organizations to underscore the administration's concern for the elderly and seek their support and views on aging policies.

OCA developed and moderated a consumer education workshop at the National Council on the Aging's annual conference which was held March 14 in Detroit.

OCA convened a meeting which highlighted George Washington University's paralegal training program for seniors to acquaint Federal officials and leaders of aging organizations with the program and discuss how the program can be improved and expanded to serve seniors throughout the country. OCA is assisting the university in identifying public and private funding sources.

OCA convened a meeting with representatives from the American Home Sewing Association and aging organizations to discuss setting up a "Sewing Hotline." The hotline would bring together experienced seamstresses with individuals who may need their services. The American Association of Retired Persons supports the hotline as a vehicle for assisting the elderly.

OCA developed a workshop on "Who Is the Older Consumer" for the May 12 Society of Consumer Affairs Professionals in Business meeting. The workshop focused on the role of elderly consumers in the marketplace.

The Deputy Director discussed OCA's programs and activities which impact on elderly consumers at the Council of Better Business Bureau's older consumer conference. The conference was held December 8 in Arlington, Va.

In 1984, OCA will participate in a conference focusing on senior citizen discount programs which will be held in St. Louis, Mo. OCA will also work with government agencies, aging organizations and the private sector in developing a national directory of senior citizen discounts.

Energy Conferences

On October 4, OCA joined with the Administration on Aging, American Association of Retired Persons, and the American Gas Association in sponsoring a conference on hypotermia and the elderly. Over 70 representatives from government, health service, aging, and private sector organizations attended. Conference participants discussed forming public/private partnerships to educate the public on the dangers of hypothermia and focusing national attention on the need for low-reading thermometers in hospitals to detect hypothermia. OCA is working with aging organizations, energy suppliers, and thermometer manufacturers in developing model education programs and encouraging wider use of hypothermic thermometers.

OCA participated in the Energy and Aging Consortium's third national conference which was held November 1-3 in Miami Beach, Fla. The theme "Building Partnerships for Local Initiatives," focused on solving energy problems. The first two conferences, which OCA cosponsored, focused on the identification of energy problems by energy suppliers and aging organizations. In addition to participating in conference planning, OCA convened a workshop on energy planning and distributed educational materials to the 160 participants.

INFORMATION AND EDUCATION

Consumer News, OCA's monthly newsletter, carries articles of general interest to consumers. The following articles were of special interest to elderly consumers:

January.—Discussed the new law which makes it easier for hearing aid wearers to talk on public and emergency phones. The same issue publicized a 400-page consumer reference book entitled, "About Your Medicines."

February.—Provided tips for owners of kerosene heaters, many of whom are elderly consumers.

March.—Reported the results of a survey on consumer frauds against the elderly. The same issue summarized the Federal Home Loan Bank Board's new rules which provide a wide range of home banking services that are especially helpful for the homebound customer.

April-May.—Carried the President's older Americans month proclamation. The same issue discussed tamper-resistant packaging and State restrictions on eyeglasses.

June.—Announced the availability of the American Association of Retired Persons' publication entitled, "Policy Wise: The Practical Guide to Insurance Decisions for Older Consumers." The same issue carried OCA's special report on "Heat Stress."

July.—Discussed the Consumer Product Safety Commission's assessment of the safety of kerosene heaters.

OCA has updated the Consumer's Resource Handbook which contains a section on aging and refers to other sections in the Handbook of interest to the elderly such as health care, social security, and veterans affairs. The State and local directory section lists government offices responsible for coordinating services for the elderly. The handbook is being widely distributed to aging organizations and State and area agencies on aging.

OCA printed and distributed The Difficult Consumer Problem * * * Where To Go When All Else Fails. The directory lists third-party dispute programs and trade associations which seek to resolve consumer disputes in an equitable manner. The booklet is particularly useful for the elderly.

OCA updated and reprinted the Energy Consumer Guide. The reprint entitled, Your Keys to Energy Efficiency, lists agencies and organizations which provide useful information on everything from household energy-saving tips to energy conservation projects sponsored by local community groups. The booklet, which is being distributed to aging organizations, also provides information on the dangers of hypothermia and heat stress.

OCA updated and reprinted the Federal Directory of TDD Numbers for use by the hearing impaired. The directory is being distributed to disabled consumer organizations and State and local government rehabilitation agencies. The directory is helpful to many elderly citizens who have hearing impairments.

OCA is working with government and the private sector in developing a Directory of Projects With Industry and Business Partnerships for the Disabled. The directory will assist the disabled and service providers in identifying training opportunities, jobs, and other related services. The elderly disabled will find the directory useful.

Mail Fraud

Mail fraud is one of the most significant problems facing the public, particularly elderly consumers. OSA submitted testimony in support of S. 450 to the Senate Subcommittee on Civil Service, Post Office and General Services. The legislation insures that consumers, who have limited mobility because of age, illness, or disability, can rely on the integrity of our mail services. OCA's testimony was cited during Senate debate on the legislation. The bill was signed by President Reagan in November.

National Consumers Week

OCA coordinated National Consumers Week which was held April 24–30. The President and many Governors and mayors issued proclamations and community classes, workshops, contests, exhibits, and displays were held throughout the country. Many of the activities addressed issues of interest to the elderly. OCA is coordinating 1984's National Consumers Week which is scheduled for April 23 through 29.

INTRAGOVERNMENTAL ACTIVITIES

Committees

OCA was represented on the following committees which have a special impact on the elderly:

> The Energy and Aging Consortium is a network of 40 government, aging, and private sector organizations which have joined together to help the elderly cope with rising energy costs.
>
> The Information and Referral Consortium is a network of government, aging, and private sector organizations which provide information about and develop programs which strengthen information and referral systems throughout the country.

Executive Order

The OCA Director is designated by the President to be the chairperson of the Consumer Affairs Council, established by Executive Order 12160. Executive Order 12160—the Consumer's Executive Order—is a directive to Federal agencies to institute consumer programs which are effective and responsive to the needs of consumers. This action is a logical progression from the consumer representation plans of the 17 executive branch departments and agencies developed in 1976.

The order addressed the problems of citizens in achieving adequate participation in government decisionmaking processes. For example, agencies are required to develop information materials to inform consumers about their procedures for participation. Elderly consumers have been identified as a constituent group which should be reached with information. Under the order, agencies must insure that groups such as the elderly are being reached.

ITEM 27. PENSION BENEFIT GUARANTY CORPORATION

DECEMBER 20, 1983.

DEAR MR. CHAIRMAN: The attached report is in response to your letter of November 1, 1983, requesting an annual update of PBGC's activities during fiscal year 1983 which affected the elderly.

Thank you for giving me the opportunity to provide you with this report on our program.

Sincerely yours,

EDWIN M. JONES,
Executive Director.

Enclosure.

PENSION BENEFIT GUARANTY CORPORATION ACTIVITIES DURING FISCAL YEAR 1983 AFFECTING THE ELDERLY

Title IV of the Employee Retirement Income Security Act of 1974 (ERISA) established the Pension Benefit Guaranty Corporation (PBGC) to administer a pension plan termination insurance program covering tax-qualified, defined benefit pension plans. The program provides termination insurance for single-employer plans and plan insolvency insurance for multiemployer plans. Under both of these insurance programs, PBGC's primary purpose is to guarantee payment of basic benefits as mandated by law (ERISA) to eligible participants whose defined benefit pension plan has terminated or become insolvent. As a result, our program has a direct bearing on the lives of millions of elderly Americans.

The single-employer pension benefit program covers approximately 28.4 million participants in approximately 105,000 defined benefit plans. PBGC insures the payment of promised pension plan benefits to them, up to the limits guaranteed by ERISA, if the defined benefit plan covered by the program terminates without sufficient assets to pay such benefits. In such cases, PBGC assumes trusteeship of the plan and makes basic benefit payments from PBGC funds as required by law.

Since the enactment of ERISA in 1974 to the end of fiscal year 1983, PBGC has received about 50,200 notices of plan termination in the single-employer program. About 98 percent of such terminated plans had sufficient assets to pay all guaranteed benefits. PBGC reviews final distribution of plan assets as a check on whether the distribution has complied with statutory requirements including those provisions which establish the amount each participant is entitled to upon termination. With respect to insufficient plans, the PBGC is trustee of about 800 pension plans paying about 60,000 plan participants over $140 million annually in benefits. Had PBGC not existed, many of these people might not have received any retirement benefits, or less benefits, when their pension plan terminated.

In September 1980, the Congress amended ERISA, to establish a new multiemployer plan insolvency insurance program. This program insures the benefits of approximately 8.7 million workers who are participants in about 2,500 multiemployer pension plans. Under this program, PBGC provides financial assistance to multiemployer plans lacking sufficient funds to pay benefits. As of the end of the 1983 fiscal year, PBGC had loaned approximately $1 million to two multiemployer plans.

In the past year the PBGC has continued to receive considerable publicity mostly due to the number and size of company bankruptcies and pension plan terminations. We are working to process these terminations as quickly as possible to insure that plan participants receive in a timely manner benefits to which they are entitled under PBGC's insurance program. In this connection we are also endeavoring to help plan participants, employers, the general public, and plan administrators better understand PBGC's role in insuring pensions payable under private, defined benefit pension plans.

During fiscal year 1983, PBGC continued to seek congressional approval of an increase in the premium employers pay to the single-employer program from $2.60 to $6 per employee annually. PBGC is now reassessing its premium needs in light of the fact enactment of such an increase did not occur during 1983. Our Corporation, although a Federal agency, receives premiums only from employers in the private sector. We do not use or rely on funding from Federal taxation.

In addition to the requested premium increase, PBGC continued to seek congressional approval of proposed legislative amendments to the single-employer program. These amendments are intended to minimize program abuse, encourage the maintenance and continuation of voluntary defined benefit pension plans, and assure the timely and uninterrupted payment of pension benefits to participants and beneficiaries.

The PBGC's goal from a financial viewpoint is like that of any well-run insurance company. It is to make sure that it is financially sound to the degree that we can with certainty protect the pension benefits of 37 million American workers and elderly retired persons who are insured by our program. PBGC will continue to do its best to properly perform its role and responsibilities in the pension field.

ITEM 28. POSTAL SERVICE

DECEMBER 21, 1983.

DEAR MR. CHAIRMAN: This is in response to your letter of November 1 concerning the Postal Service's programs directed toward helping the elderly.

Because of its convenience, senior citizens are heavy users of the mail. Since many of them live alone and are limited to fixed incomes, shopping by mail provides an ideal way for them to obtain products and services at a minimum of cost and effort.

In addition to providing a universal, affordable means of communication for all citizens, the Postal Service offers specific programs designed to assist the elderly and handicapped in their use of the mail system and to protect the well-being and quality of life of individual elderly and handicapped citizens.

The Postal Service has found that its stamps-by-mail program, available to all postal customers, has proven to be an especially popular and useful shopping tool for both elderly and handicapped individuals.

The stamps-by-mail program is designed for those city delivery customers who find it inconvenient to purchase their postage stamps at the post office. Since many elderly people encounter difficulties in getting to local post offices, this free service can be used to obtain whatever stamps they need without leaving their homes. The same has held true for many years for rural customers who have been able to purchase stamps and many other postal services from their carriers.

Postal customers can enjoy this service by obtaining Postal Service form 3327, stamp-by-mail, from their letter carrier or by calling their delivery station and requesting the form be delivered the next day at their residence.

The customer can then give a sealed envelope with a check or money order for the desired amount of stamps to their letter carrier or drop it into any collection box. The stamp order will be processed by our retail employees and delivered the next day with the regular mail.

Unfortunately, as many elderly citizens are so dependent on the mail for their shopping needs, they are attractive targets to those few individuals who operate mail-order swindles. Through mail fraud and misrepresentations of products and services, these unscrupulous promoters not only cheat the public, they cause damage to the reputation of the legitimate mail-order industry as well.

There are several types of fraudulent promotions which, by their nature, tend to focus on the elderly. One of the most prevalent is the work-at-home scheme. The senior citizen who is living on a fixed income and seeking additional means for supplementing his or her income may be enticed by an advertisement which promises enormous earnings while working from the convenience of home. The scheme begins with the promoter requiring an initial fee of anywhere from $5 to $25 before information about the plan is sent. The fraud often continues as a pyramid operation whereby the consumer involves others in the scheme, resulting in funds being generated for the promoter but not the respondent.

Many senior citizens worry about illness and being unable to pay for medical expenses that medicare will not cover. Health insurance is available which is supported to pick up where medicare leaves off; however, many such policies offer inadequate coverage or the type of coverage may not be right for the individual.

Individuals approaching retirement or those who are already retired may respond to what appears to be an attractive land sales deal. The advertisement for a warmer climate, low down payments, and easy monthly installments appears enticing until the purchaser discovers that the land is located in an isolated area or in a desert wasteland and cannot be resold for even a fraction of the price paid.

Another fraud perpetrated against the elderly is the mail-order sale of worthless pills and devices which promise to rid the aged of needless suffering. Probably the cruelest of those medical frauds are those which offer hope for the cure of cancer, diabetes, and other major illnesses. The ailments and afflictions that are part of aging will motivate the elderly to look for a magical cure to alleviate arthritic pain, restore lost vigor, and improve impaired sight or hearing. Most of these pills and devices have not been tested by medical authorities, are worthless, and could be injurious to health.

In an effort to heighten public awareness to mail fraud and other postal-related crimes, the Postal Services selected and trained Postal Inspectors across the country as crime prevention specialists. Working with other Federal and State agencies and consumer groups, one of their missions is to educate and inform the public. They also work with the media, and have appeared on hundreds of TV and radio interview programs and prepared articles for numerous newspapers and magazines. The Service is currently writing a script for a slide presentation which will be developed by the American Association of Retired Persons (AARP). The script will deal with those mail fraud schemes which are targeted at the elderly. Upon completion, the slide presentation will be distributed by the AARP for showing to members of their organization, which consists of more than 8,000 chapters.

Despite the existence of such preventive efforts, the number and variety of mail fraud schemes unfortunately insure that some people will continue to become victims of mail fraud promoters. In dealing with this, the Postal Service uses a two-pronged attack. Criminal prosecution is considered under the mail fraud statute—title 18, U.S. Code, section 1341—which provides penalties of up to 5 years in prison and a $1,000 fine to those who use or cause the mails to be used to further a fraudulent scheme.

Second, and perhaps more important to the consumer, action is possible under the postal false representation statute, title 39, U.S. Code, section 3005. This section permits the Postal Service, upon proper showing before an administrative law judge, to withhold and return to the sender, mail addressed to anyone whose advertisements soliciting moneys through the mails contain false representations. In addition, the Postal Service, through the appropriate U.S. attorney, may request the U.S. district court in the judicial district where the promoter receives mail to issue a temporary restraining order and preliminary injunction. This, in effect, stops the delivery of responsive mail pending completion of section 3005 administrative proceedings and any appeal from them. During 1983, the Postal Service strongly supported and was heartened by the enactment of Public Law 98-186, legislation which made needed amendments to the false representation statute.

Additionally, many poor and elderly Americans depend upon the receipt of a monthly check in the mail as their sole source of income. It is these individuals who suffer the most when their checks do not arrive as scheduled. Each year, the Postal Service delivers hundreds of millions of U.S. Treasury, State, and local welfare checks with only a very small number being stolen. Although the number stolen in relation to the number mailed is minimal, the Service still considers this a significant problem and recognizes the impact the loss has on the victims, particularly on elderly persons who are dependent on the check for subsistence. The Postal Service also delivers millions of personal and commercial checks and other valuable items such as savings bonds, money orders, credit cards, and food stamps, all of which are appealing targets for mail thieves.

A slide presentation entitled "Protecting Your Mail" will be shown by our prevention specialists to the public, especially those individuals who are recipients of monthly checks delivered through the mails. The presentation gives information on how citizens can take steps that will help prevent the theft of their mail.

In addition to prevention efforts, a series of programs to combat the problem of mail thefts has been developed. Postal Inspectors cooperate closely with the U.S. Secret Service and local police in investigating the forgery of checks believed stolen from the mails. They also work with officials of check-issuing agencies to improve procedures for the prompt charge-back of checks and referral of information whenever theft from the mails is involved. The Postal Service has encouraged the development of better photo- and signature-identification cards. The assistance of public housing authorities has been enlisted for the installation and maintenance of more secure mail receptacles and handling procedures.

A brochure has been developed which cautions senior citizens and others against various postal offenses, including mail fraud and mail theft. Entitled "A Consumer's Guide to Postal Crime Prevention," the brochure furnishes tips which will help consumers from being victimized by these types of crime. Finally, the Postal Service is a member of the Crime Prevention Coalition, a national organization designed to provide crime prevention tips to the public. The coalition conveys messages to the public using "McGruff, the Crime Dog," the symbol for crime prevention. The Postal Service is also a member of many other national, State, and local organizations dedicated to the prevention of crime.

As noted earlier, a significant number of our Nation's elderly live alone. In view of the hardship this could mean in cases of accident or injury, these citizens now have the opportunity to voluntarily participate in the carrier alert program.

The carrier alert program, begun during fiscal year 1982 and expanded during the current fiscal year, involves cooperation at the local level between postmasters, members of local branches of the National Association of Letter Carriers, and community service agencies to offer an alert mechanism to elderly and handicapped citizens. These latter individuals register with the local community sponsoring agency which insures that a special decal is placed on the registrant's mailbox to alert the letter carrier. Since accumulations of mail often signal an accident or illness, the carrier who notices such an accumulation will notify the agency for followup attention. Hundreds of instances have been reported where letter carriers have saved lives or given necessary assistance to individuals participating in the program. Carrier participation in the program is strictly voluntary and expansion of local programs depends upon local carrier union branches and sponsoring agencies. In recognition of the value of the program, the Congress passed and the President signed Public Law 98-187, designating the week of December 4 through 10, 1983, as "Carrier Alert Week."

Finally, the Postal Service is continuing its policy of reviewing existing delivery service on a case-by-case basis where special accommodations may be necessary when the current location of a mail receptacle poses a hardship for a handicapped or otherwise infirm customer. Exceptions to the existing delivery policy are usually granted for such individuals who are unable to get to their mailboxes and who do not have a neighbor or relative to assist them.

Sincerely,

William F. Bolger,
Postmaster General.

ITEM 29. RAILROAD RETIREMENT BOARD

Dear Mr. Chairman: In response to your letter of November 1, 1983, we are enclosing a report summarizing the U.S. Railroad Retirement Board's program activities for the elderly during fiscal year 1983.

We look forward to your committee's report on "Developments in Aging: 1983."

Sincerely,

Beatrice Ezerski,
Secretary to the Board.

Enclosure.

U.S. Railroad Retirement Board

The U.S. Railroad Retirement Board is an independent agency in the executive branch of the Federal Government. The Board's primary function is to administer comprehensive retirement-survivor and unemployment-sickness benefit programs for the Nation's railroad workers and their families, under the Railroad Retirement and Railroad Unemployment Insurance Acts. In connection with the retirement program, the Board has administrative responsibilities under the Social Security Act for certain benefit payments and railroad workers' medicare coverage.

Because of its experience with railroad benefit plans, the Board has been given, in recent years, administrative responsibility for certain employee protection measures provided by other Federal railroad legislation, such as the Regional Rail Reorganization Act, and the Bankrupt Railroad Service Preservation and Employee Protection Act.

RAILROAD RETIREMENT LEGISLATION

Legislation amending the Railroad Retirement and Unemployment Insurance Acts, and the Internal Revenue Code, was enacted into law with the signing of the Railroad Retirement Solvency Act of 1983 on August 12, 1983.

The legislation increases railroad retirement taxes, defers certain cost-of-living increases, modifies early retirement provisions, subjects railroad retirement annuities to Federal income taxes, and provides other measures designed to place the railroad retirement system on a sound financial basis. Without the enactment of this legislation, the Board would have been required by law to substantially reduce railroad retirement annuities beginning October 1, 1983.

Social security amendments enacted in April 1983 had already effected changes in railroad retirement taxes and benefits through coordinating provisions in the Railroad Retirement Act. Under the two-tier railroad retirement system, the tier I portion of a railroad retirement annuity is generally equivalent to a social security benefit, and based on both railroad earnings and nonrailroad wage credits. Tier I railroad retirement taxes are at the same rate as social security taxes and increase when social security taxes rise. The tier II annuity portion is computed under a separate formula base on railroad service alone and funded by additional retirement taxes. In some cases, a vested dual benefit payment, funded by general revenue appropriations, is also added to the annuities of those who had vested rights to both social security and railroad retirement benefits before 1975. The following summary describes provisions of this legislation of most interest to older Americans in the railroad community.

Benefits

Cost-of-living adjustments

The 1983 Social Security Amendments deferred July 1983 cost-of-living increases to January 1984 and required that future increases be made in January of subsequent years. This deferral applies to railroad retirement tier I annuity amounts as well as social security benefits. The Railroad Retirement Solvency Act correspondingly changed the future payment dates of tier II cost-of-living increases from July 1 to January 1, with the first increase payable on January 1, 1985. The Solvency Act also required that the dollar amount of the next 5 percent of tier I cost-of-living increases be subtracted from tier II benefits. Since the January 1984 increase was 3.5 percent, a further tier II offset will be made in 1985 so that the total offset is 5 percent of the 1983 tier I amount.

Early retirement

The act modified early retirement provisions for 30-year employees attaining age 60 after June 1984. Under the new law, certain reductions will be made in the tier I portions of their annuities if they retire before age 62. The reductions will not affect tier II benefits. Those employees who acquired 30 years of service and attained age 60 before July 1, 1984, may still retire at any time with full benefits, as under prior law.

The tier I benefits of employees with 30 years of service, who attain age 60 between July 1, 1984 and December 31, 1985, will be reduced by 10 percent if the employee retires before age 62. The benefit amount will be frozen until the employee reaches age 62, at which point it will be recomputed to reflect increases in national wage levels; thereafter, it will rise with increases in the cost of living.

The tier I benefits of employees with 30 years of service, who attain age 60 on or after January 1, 1986, will be reduced by 20 percent if the employee retires before age 62. No reduction is made if the employee retires at age 62; in such cases benefits are computed the same as under prior law.

The effect of this legislation on a spouse's benefit depends on the employee's age and service. If the employee is not affected by the new provisions, the spouse is not affected. If the employee is affected and retires before age 62, the spouse of such an employee will receive a reduced tier I benefit, even if the spouse does not retire before age 62.

Spouse eligibility

Under prior law, a spouse was not eligible for an annuity unless the employee and spouse were living together, or the spouse was supported by the employee, on the date an application for a spouse annuity was filed. This requirement was eliminated by the new law.

Disability waiting period

The solvency Act requires a 5-month waiting period for railroad retirement disability annuities, just as the Social Security Act requires for disabiliy benefits.

Military service credits

The act eliminated annuity reductions made under prior law when military service was counted as railroad srevice and was also the basis for benefits under another Federal law.

Divorce

The new law requires the Railroad Retirement Board to honor court orders that treat non-tier I railroad retirement benefits as property subject to division in proceedings related to divorce, annulment, or legal separation.

Disabled widow(er)s

As a result of the 1983 Social Security Amendments, age reductions applied to disabled widow(er)s' annuities, for months the widower)s were under age 60 when their annuities began, are eliminated.

Public service pension reduction

The social security amendments altered the tier I computation of those employees who are also entitled to certain public service pensions. The resulting benefit computation reduction is to be phased in over 5 years. There is a guarantee that the resulting tier I amount connot be reduced under the new computations by more than 50 percent of the public pension. This provision is effective for those first eligible for tier I amounts and the government pension after 1985.

The tier I amounts of spouses and widow(er)s are subject to reduction for receipt of a public service pension if certain exemption requirements are not met. As a result of the 1983 Social Security Amendments, this reduction has been decreased from 100 percent to two-thirds of the monthly pension received. This provision is effective for those who initially become eligible for a public service pension on July 1, 1983, or later.

Parents

The eligibility requiremets for parents' annuities were liberlized. Some parents not previously eligible because other family members were also entitled to benefits may now qualify.

Taxes and financing

Income taxes on benefits

Provisions for applying Federal income taxes to railroad retirement tier I annuity portions were included in the 1983 Social Security Amendments.

Beginning with taxable year 1984, retirees must include a portion of their tier I benefits in their taxable income if their adjusted gross income plus half of their tier I benefits exceeds $25,000 for individuals or $32,000 for couples.

Under the Solvency Act, tier II benefits and vested dual benefit payments will be subject to Federal income tax under the same rules as private pensions beginning with taxable year 1984; such benefits are subject to income tax to the extent that they exceed the employee's contributions.

The revenues raised from income taxes on tier I and vested dual benefits will be used for benefit payments. Revenues raised by the tax on tire II benefits will also be used for benefit payments, but not beyond fiscal year 1988, after which the revenues will remain in General Treasury funds. The Railroad Retirement Board will, in certain cases, be required to withhold income taxes on tier II portions and vested dual benefits from monthly annuity payments, unless the individual requests exemption from withholding.

Retirement taxes

Under the Railroad Retirement Solvency Act, the tier II taxes on employers will increase from 11.75 to 12.75 percent in January 1984, to 13.75 percent in January 1985, and to 14.75 percent in January 1986. Tier II taxes on employees will increase from 2 to 2.75 percent in 1984, to 3.50 percent in 1985, and to 4.25 percent in 1986.

As a result of the 1983 Social Security Amendments, tier I taxes on employers and employees will increase from 6.70 to 7 percent in January 1984, to 7.05 percent in 1985, and to 7.15 percent in 1986. Employees paying the tier I tax rate of 7 percent in 1984 will be eligible for a one-time tax credit of 0.3 percent of wages, but employers are not afforded the tax credit.

Financial report

The new law requires the Board to submit to the Congress on July 1, 1985, and every following year, a report on the railroad retirement system's financial condition. The report is to include any recommendations for financing changes that might be advisable.

Reimbursement

The railroad retirement account will be reimbursed in three installments from the general funds of the Treasury for shortfalls in vested dual benefit appropriations between 1975 and 1981; these shortfalls had been absorbed by the railroad retirement account.

Fund transfers

The railroad retirement system is authorized to borrow funds from the general fund of the Treasury until it receives financial interchange funds from the social security system. Under the railroad retirement-social security financial interchange, annual transfers of funds are made between the two systems to put the social security trust funds in the same financial position in which they would have been if railroad employment had been covered directly under the Social Security Act. These transfers currently result in funds flowing to the railroad retirement account from the social security trust funds; but the transfers are made, on the average, 15 months after they are incurred, causing cash-flow problems for the railroad retirement account. The purpose of the general fund borrowing provision is to place financial interchange monies in the railroad retirement account effectively on a current basis.

Study committee

A railroad unemployment compensation committee must be established for the purpose of reviewing all aspects of the railroad unemployment and sickness program, including its debt to the railroad retirement system, and submitting a report to Congress no later than April 1, 1984. The report is to include specific recommendations for repayment of the debt. The committee will consist of two members appointed by railway labor, two members appointed by railway management, and one public member.

BENEFITS AND BENEFICIARIES

During fiscal year 1983, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled $6.5 billion. Retirement and survivor benefit payments amounted to $6 billion, an increase of $316 million over the same period 1 year earlier. Unemployment and sickness benefit payments totaled $433.5 million, an increase of $87.3 million from the preceding fiscal year.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1983, totaled 982,000. The majority (81 percent) were age 65 or older. At the end of the fiscal year 440,000 retired employees were being paid a regular annuity averaging $649 a month, about $21 higher than a year earlier. In addition, 201,000 of these employees were being paid a supplemental railroad retirement annuity averaging $50 a month. Some 232,000 spouses of retired employees were receiving an average annuity of $287 a month at the end of fiscal 1983. Of the 320,000 survivors on the rolls, more than 288,00 were aged widow(er)s receiving an average annuity of $432 a month. Some 850,000 individuals who were receiving or were eligible to receive monthly benefits under the Railroad Retirement Act were covered by hospital insurance under the medicare program at the end of fiscal year 1983. Of these, 834,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the railroad employees during the fiscal year. However, only about $0.8 million (less than 1 percent) of the benefits went to individuals age 65 or older.

MAJOR RAILROAD RETIREMENT COURT DECISIONS

Denberg v. *The Railraod Retirement Board* is a class action which was filed in the U.S. District Court for the Northern District of Illinois. The plaintiffs sought spouse benefits under the Railroad Retirement Act of 1974 for periods before March 1977 for those male spouses who were denied spouse annuities because of the dependency provision found in section 2(c)(3)(ii) of that act. The dependency provision was ruled unconstitutional in the case of *Railroad Retirement Board* v. *Kalina*, 431 U.S. 909 (1977). As a result of that decision, the Board has been paying husbands' and widowers' annuities, regardless of dependency, since March 1, 1977. On June 16, 1981, the court issued a decision in the *Denberg* case, granting the plaintiffs' motion for summary judgment and denying the Board's motion for summary judgment. The court ordered the Board to pay spouse annuities to class members retroactive to March 1974. On January 4, 1983, the Court of Appeals for the Seventh Circuit reversed the district court's ruling. A petition for review has been filed with the U.S. Supreme Court by the plaintiffs.

In the case of *Linquist* v. *Patricia Roberts Harris and the Railroad Retirement Board*, brought before the U.S. District Court for the Western District of Missouri, the plaintiff, who receives a widow's annuity under the Railroad Retirement Act and an old-age benefit under the Social Security Act, is challenging the application of the excess earnings provisions to both her railroad retirement annuity and social security benefit. The plaintiff claims that the imposition of excess earnings deductions under both acts amounts to a "double deduction," whereby her total benefit under the two acts is reduced dollar for dollar for her excess earnings. The plaintiff is (1) seeking class certification of this action, and (2) requesting that the court order declaratory and injunctive relief against future application of this so-called "double deduction," as well as monetary relief for benefits deducted in the past resulting from application of this "double deductions." The Board and the Department of

Health and Human Services have filed motions to dismiss and motions for summary judgment, constending that the court has no jurisdiction to review Board determinations and the imposition of the "double deduction" is not unconstitutional. The constitutionality of this "double deduction" was upheld as to a 1937 act annuitant by the U.S. Court of Appeals for the District of Columbia Circuit in *Burns* v. *United States Railroad Retirement Board.*

The case of *Givens et al.* v. *Railroad Retirement Board,* was brought by several annuitants in the U. S. Court of Appeals for the District of Columbia. It involved the constitutionality of a provision of the 1981 amendments, section 3(h)(6) of the Railroad Retirement Act, which preclused the award of vested dual benefits payments to the annuitants based on their spouses' social security coverage. Reaching the same result as did the Court of Appeals for the Seventh Circuit in *Frock* v. *U.S. Railroad Retirement Board,* the Court of Appeals for the District of Columbia upheld the constitutionality of section 3(h)(6) and its application to the annuitants. See also *Steebe* case below.

In *Steebe* v. *United States Railroad Retirement Board,* the court held that a court of appeals lacks jurisdiction to review a refusal by the Board to reopen a denial of benefits under the Railroad Retirement Act unless the refusal to reopen itself raises a constitutional question. In addition, in *Steebe,* the court held that Section 3(h)(6) prevented the payment of vested dual benefits to an annuitant even though he had raised the issue of vested dual benefits to an appeals referee before the effective date of section 3(h)(6). The appeals referee failed to pass on the annuitant's claim for vested dual benefits, and by the time the decision was appealed to the three-member Board, section 3(h)(6) had been enacted. *Steebe* has filed a petition for review of this decision with the U.S. Supreme Court.

ADMINISTRATION

Robert A. Gielow was appointed Chairman of the Railroad Retirement Board in fiscal year 1983 for a statutory term ending in August 1987. Mr. Gielow's appointment was confirmed by the Senate on March 1, 1983, and he was sworn into office March 8, 1983. By law, the Chairman has no interest affiliating him with either railroad management or labor, while the other two Board members must be appointed upon respective management and labor recommendations. Mr. Gielow succeeded William P. Adams, who retired January 31, 1983.

Before his appointment to the Board, Mr. Gielow had been senior vice president, member of the board of directors, and member of the executive committee of Alexander & Alexander Services, Inc., in Chicago. Alexander & Alexander is the second largest insurance brokerage company internationally.

Reorganization

Fiscal year 1983 saw a major executive reorganization within the Board with the appointment of three associate executive directors. The reorganization concentrates responsibility for Board operations in the three associate executive directors, who wil report directly to the executive director, Dr. James Brown.

The associate executive director for legal and administrataive services, Dale Zimmerman, will be responsible for legal, appeals, personnel, and internal services.

The associate executive director for financial, data and planning operations, Maynard Kagen, will be responsible for research, actuarial, planning, information management, data processing, budget and fiscal, and quality assurance operations.

The associate executive director for program operations, Robert Kaufman, will be responsible for all claims programs under the Railroad Retirement Act, Railroad Unemployment Insurance Act, and other Federal laws administered by the Board, as well as compensation and certification operations. He will also administer the Board's network of field offices across the United States.

The reorganization also established a new Bureau of Field Service and a new Bureau of Compensation and Certification.

ITEM 30. SMALL BUSINESS ADMINISTRATION

DECEMBER 8, 1983.

DEAR MR. CHAIRMAN: I am pleased to respond to your request of November 1, 1983, for a report of the activities of the Small Business Administration on behalf of older persons.

Although the Small Business Administration does not have any programs or activities specifically designated for older persons, this segment of the population plays a vital role in the agency's delivery of technical assistance and counseling services to potential business persons and the small business community as a whole. Through its enforcement of the nondiscrimination provisions of the Equal Credit Opportunity Act, regulation B, (12 CFR 202) and the Age Discrimination Act of 1975, the Office of Civil Rights Compliance protects the interests of older persons with respect to eligibility, treatment, and consideration for services, benefits, and credits.

Thank you for allowing us the opportunity to share this information with you.

Yours truly,

JAMES C. SANDERS, *Administrator.*

Enclosure.

INTRODUCTION

The Small Business Administration makes direct loans and guarantees loans made by banks and other financial institutions to small concerns; provides management and technical assistance to firms receiving SBA financial assistance and to other small concerns; licenses and regulates small business investment companies, a source of equity and venture capital assistance for small concerns; and provides procurement assistance to help small concerns in buying from and selling to the Federal Government.

OFFICE OF CIVIL RIGHTS COMPLIANCE

The Office of Civil Rights Compliance of the SBA has the responsibility to insure that the agency, its recipients and subrecipients of financial assistance do not discriminate on the basis of race, color, religion, marital status, sex, age, handicap, or national origin in business, credit policies, or services to the public. Specifically, with respect to older persons, the Office of Civil Rights Compliance monitors and enforces the nondiscrimination provisions of the Equal Credit Opportunity Act, regulation B, and the Age Discrimination Act of 1975 which prohibits discrimination on the basis of age in credit and in the delivery of services to the public. During fiscal year 1983, the Office of Civil Rights Compliance monitored 3,218 recipients and subrecipients of SBA's financial assistance for compliance with these acts. Compliance was found to be good in all cases.

SERVICE CORPS OF RETIRED EXECUTIVES (SCORE)

In 1964, the Small Business Administration established a volunteer program called the Service Corps of Retired Executives (SCORE). This group is composed of volunteer retired business executives—men and women who have had a lifetime of varied business and professional experience and who are willing to share their knowledge and experience with others. SCORE provides a confidential business person to business person advisory relationship. Through indepth counseling and training, owners and managers receive help in identifying basic management problems, determining their cause, and becoming better managers by finding viable solutions. SCORE services are available to almost all small, independent businesses, not dominant in its field, as well as to persons contemplating entry into a new venture.

During fiscal year 1983, 9,000 SCORE volunteers counseled over 119,000 clients. These SCORE volunteers are members of over 400 locally organized, self-administered chapters. SCORE services are provided without charge to the client. Volunteers are reimbursed for out-of-pocket expenses by SBA.

In addition to the invaluable service that is derived by the small business owner/operator, there is the added benefit to the volunteers. SCORE members know that their aid is needed and their participation provides the retired volunteers with a sense of satisfaction for contributing his or her knowledge to help others.

ITEM 31. VETERANS ADMINISTRATION

JANUARY 13, 1984.

DEAR MR. CHAIRMAN: I am pleased to repond to your requst of November 1, 1983, for a report of the Veterans Administration's activities on behalf of older persons.

The VA has developed a high quality system that provide health care for more than 50,000 elderly veterans every day. Meeting the medical needs of older veterans consititutes the current greatest challenge to the VA.

In August 1983, I formed an Agency Steering Committee, chaired by the deputy Administrator, which was given the responsibility for overseeing the development of a comprehensive plan for care of the older veteran. The plan will describe the VA's response to older veterans' medical, social, and economic needs.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

HARRY N. WALTERS, *Administrator.*

Enclosure.

I. INTRODUCTION

The contributions of the Veterans Administration to older Americans come from three main sources: Compensation and pensions to veterans or their dependents—over 1.6 million persons in all, burial benefits to all eligible veterans, and medical care to over 50,000 elderly veterans every day. In addition, the veteran of World War II whose average age is now 62 years of age was the principal target of the VA's education and housing assistance programs established after World War II.

Meeting the medical needs of older veterans consititutes the current greatest challenge to the VA. Older persons typically account for more than twice as many hospital admissions as younger ones and, once admitted, require twice as many hospital days for recovery. So, even if there were no increase in the total number of veterans seeking medical services from the VA, the demand on our existing hospital facilities is expected to rise steadily as the relative number of older veteran beneficiaries increases. By 1990, approximately two out of three males age 65 years and over will be veterans. In 1981, over 30 percent of all the VA's medical resources—hospital oupatient and extended or long-term care—went to veterans 65 years of age or over. By 1990, that fraction will be about 40 percent.

The VA has initiated a grassroots strategic planning process—medical district initiated planning process (MEDIPP)—to improve utilization of its medical resources. A primary concern in the process is the development of overall plans to care for older veterans. In addition, steps have been taken to improve communication between central office program officials concerned with aging and medical center staff. The overall effort to develop an improved long-range plan for the health care of older veterans which was initiated by the Chief Medical Director is well underway. In all of the efforts just mentioned, the VA is actively seeking better use of existing and planned State and community facilities and programs, as well as an expansion of its own resources for the care of older veterans.

To this end, the VA and Harvard University planned a conference on ways to improve cooperation and collaboration between the VA and the private health care sector in providing health services to veterans. The conference goals were summarized by the Chief Medical Director who pointed out that, with respect to care of the aging veteran, the VA cannot do it alone. An opportunity for the VA to explore various sharing arrangements is provided in Public Law 98-160 which includes authorization for the Administrator to provide adult day health care services either by VA facilities through contracts with non-VA providers or by sharing of in-kind resources.

Specific age-related medical problems are receiving greater attention. In fiscal year 1983, increased emphasis was placed on the importance of research, training, and innovative modes of care for patients with dementia, particularly Alzheimer's disease. The VA cosponsored a lecture program with the University of Michigan Institute of Gerontology which brought several European experts on dementia to visit three VA medical centers and VA central office. In addition to rounds and lectures, the visitors made a number of programmatic suggestions to the VA regarding research and approaches to patient care. Within the VA, Directors of the Geriatric Research, Education, and Clinical Centers are initiating developments for a cooperatives effort related to dementia. In addition, the VA was well represented on the HHS Task Force on Alzheimer's disease.

Extended care bridges full hospital care and independent living with a diversity of medical programs ranging from nursing home care, on the one hand, to hospital-based home care and residential care programs on the other. Because the relative number of chronic medical problems increases with age, the importance of these programs for older veterans is steadily increasing in the VA. In fiscal year 1983, almost half of the approximately 50,000 veterans in extended care programs were 65 years of age and over. As is the case with other health care programs in the Nation, the VA is vigorously increasing the number and diversity of extended care programs, particularly those which provide care outside of nursing homes or domiciliaries. However, the demand for additional nursing homes in the VA is relentlessly increasing. Extended care programs improve the utilization of acute care facilities by providing appropriate programs for patients who no longer require hospital care.

At the same time, the growth of extended care programs places additional demands for acute hospital care since virtually all of the veterans in long-term care programs look to the VA for their acute care which may supervene.

A major consequence of the increasing demand on existing hospital and extended care programs, as well as the developing alternatives, are methods to improve utilization of resources and quality of care. One major effort in this direction was the development of several geriatric evaluation units (GEU's) by a number of VA medical centers in response to the Chief Medical Director's letter IL 10-83-01 which was published in February 1983. Fourteen new programs were established and 15 are in the planning stages, in addition to the 12 units established earlier. The units have as their objectives improved diagnosis, improved patient care plans, and improved placement.

In the detailed reports that follow, four major themes will be stressed:

First, improved coordination of all VA efforts for the medical care of older veterans is occurring both in the VA central office and VA medical centers. Second, efforts are underway to improve the quality of life and care for the older veterans in specific VA medical programs by improved admission and utilization of existing programs, and the development of alternatives to them. Third, extended care resources available to veterans are being increased by attempts to reduce costs of construction as well as the judicious use of conversion of existing space. The fourth, which spans all of the others, is the provision of model programs of long-term care, trained personnel in geriatrics and gerontology, geriatrics, and health care delivery.

II. Geriatrics and Extended Care Programs

VA NURSING HOME CARE

The nursing home care units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, diversional, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing supervision and rehabilitation to attain and maintain optimal functioning.

In fiscal year 1983, 16,478 veterans were treated in VA nursing homes which had an average daily census of 8,849. The average age of the veterans treated was 70.3 years; 63.8 percent were 65 or over, and their average attained length of stay was 2.95 years. Approximately 37.1 percent were receiving compensation for service-connected conditions and 33.7 percent were receiving VA pensions.

A 120-bed nursing home care unit was activated at VA Medical Centers, Hines, Ill., located 13 miles west of downtown Chicago. This and other changes resulted in a net increase of 181 operating beds for a total of 9,420 beds at the end of fiscal year 1983 at 99 VA medical centers.

COMMUNITY NURSING HOME CARE

This is a contract program for veterans who require skilled or intermediate nursing care in making the transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment, primarily of a service-connected condition, may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed 6 months. The program requires assessment of participating facilities and followup visits to veterans by teams from the VA medical centers.

Fiscal year 1983 saw a moderate increase in community nursing home placements. During this year, 34,092 veterans were treated in the program. This represents an 8-percent increase over fiscal year 1982. Similarly, the number of nursing homes under contract increased to 3,286, or 6 percent over fiscal year 1983. The average daily census in these homes for fiscal year 1983 was 10,212. The average age of veterans treated was 68 years; 58.4 percent were 65 years or older; and their average attained length of stay was 1.05 years. Approximately 44.8 percent were receiving compensation for service-connected conditions and 26.1 percent were receiving VA pension.

Since April 1981, the VA has, through arrangements with States (coordinated with the Department of Health and Human Services), attempted to make maximum use of inspections conducted for medicare or medicaid inspection, reducting the amount of time and duplication in the nursing home inspection efforts of the VA. Due to cutbacks in inspection effort of some States, however, the VA medical centers sometimes find that they must continue to conduct a full team inspection of nursing homes. While the general VA policy of greater reliance on State inspections continues, this policy can only be carried out where there is a stong State inspection foundation.

VA DOMICILIARY CARE

Domiciliary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by age, disease, or injury, and are in need of care, but do not require hospitalization or the skilled nursing services of a nursing home.

New program directions have created a better quality of life for veterans requiring prolonged domiciliary care and have prepared veterans returning to community living for active participation in various community resources. Special attention is being given to older veterans in domiciliaries with a focus on keeping them active and productive in the domiciliary as well as encouraging their integration into existing senior centers and other resources in the community.

In fiscal year 1983, 14,067 veterans were treated in VA domiciliaries which had an average daily census of 6,852. The average age of the veterans treated during the year was 59.1 years, 27.9 percent were 65 or over, and their average attained length of stay was 4.18 years. Approximately 23.8 percent were receiving compensation for service-connected conditions and 38.9 percent were receiving a VA pension.

Patients at several domiciliaries are involved in senior center activities in the community as part of a focus on community integration. Other specialized programs in which older veterans are involved include foster grandparents, handman assistance to senior citizens in the community, and adopt-a-vet.

ADULT DAY HEALTH CARE ACTIVITIES

Adult day health care (ADHC) activities provide health maintenance and therapeutic activities in a congregate setting for persons who, without these activities, would require continued and full-time institutionalization. Advances in the understanding and treatment of certain illnesses of the elderly now made it possible for many of these persons to function independently with the partial care offered by these activities.

Staff in numerous VA medical centers have expressed strong interest in the potential for adult day health care in facilitating the return of older veterans to their own homes. To shorten the length of stay in acute beds, and to provide an activity at a VAMC, or supported by the VA in the community, in which these veterans can continue a preventive and therapeutic rehabilitation regimen.

Four VA Medical Centers currently operate ADHC's (North Chicago, Ill.; Butler, Pa.; American Lake, Wash.; and Palo Alto, Calif.) under the limited authority that has heretofore existed.

Public Law 98–160, enacted November 21, 1983, now authorized the Veterans Administration to operate an ADHC program both within VA facilities and under contract with community facilities, giving the agency broad authority to set standards for such care, and clarifying and extending eligibility requirements. This legislation also requires the VA to conduct a study of the medical efficacy and cost effectiveness of ADHC and the comparative advantages and disadvantages of doing so through VA and contract facilities.

During fiscal year 1984, the VA will establish standards, operational procedures, guidelines, and evaluation methodology for VA and community (contract) ADHC facilities. It is expected that several new ADHC's will be prepared for startups in early fiscal year 1985.

RESIDENTIAL CARE (FORMERLY PERSONAL CARE HOME) PROGRAM

Legislation was proposed by the agency and enacted into law as Public Law 98–160, on November 21, 1983, to clarify the Va authority to operate this program, to set standards for selection of facilities (including health and safety criteria, and criteria for services provided by the home), to set standards for costs of care, and to develop procedures for discontinuance of referrals and provide assistance to veterans in those homes to other appropriate residences.

While this legislation, per se, is not expected to have a dramatic effect on the development of the program, it is expected to provide a much needed legislative bonus on which to develop sound program management, with gradual expansion of this program (to medical and surgical patients) as an alternative to institutionalization.

This is the largest of the extended care programs and is operated at minimal expense since the only cost to the VA is for administration. Care is provided in private homes selected by the VA, at the veteran's own expense. This residential care activity includes room, board, personal care, and general health care supervision to veterans who do not require hospital or nursing home care but who, because of health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program, and annually thereafter. Veterans receive monthly followup visits from VA social workers and other health care professionals, and are outpatients of the local VA facilities. In fiscal year 1983, an average daily census of 12,800 was maintained in this program utilizing approximately 3,125 homes.

STATE HOME PROGRAM

The State home program has grown from 11 homes in 11 States in 1888 to 46 State homes (one of which has three annexes) in 33 States. Currently a total of 17,862 beds are authorized to provide hospital, nursing home, and domiciliary care.

The VA's relationship to State veterans' homes is based upon two grant programs. One is a per diem program which enables the VA to assist the States in providing care to veterans eligible for VA care who are furnished domiciliary, nursing home, or hospital care in State home facilities. The other grant program provides VA assistance with up to 65 percent Federal funding in the construction of new domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

In fiscal year 1983, construction was started for a 150-bed nursing home in Mexico, Mo. The $8.3 million obligated by the VA in fiscal year 1983 for construction and renovation projects, also included the second phase a new State home for Maryland.

GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS (GRECC'S)

The geriatric research, education, and clinical centers (GRECC's) are playing a key role at VA medical facilities in developing innovative approaches to caring for the elderly. Conceived in 1973, GRECC's are designed to counter an historic reluctance among health care professionals to specialize in geriatric medicine.

At present, there are eight such centers focusing on research into diseases and disabilities of the aged the have implications for improved care and the education of health professionals. A ninth center is scheduled to be located at 1 of 11 Southeast medical centers now being surveyed. A total of 15 are authorized by Congress.

Each center focuses on the clinical treatment of a particular area of geriatrics, including general medicine, cardiology, metabolic diseases, neurology, stroke rehabilitation, immunology, and organic brain disease.

Research at the GRECC's, integrated with clinical practice, is in senile cardiomyopathy, age-related modifications in glucose-insulin metabolism, Parkinson's disease, connective tissue changes, the immunologic bases of aging, organic and functional aspects of memory and memory loss, and senile and other organic dementia.

Through their integrated approach, the GRECC's are developing practitioners, teachers, and researchers in the field of geriatrics.

HOSPITAL-BASED HOME CARE

This program allows for an early discharge of veterans with chronic illness to their own homes and reduces readmissions to the hospital. The family provides the necessary personal care under coordinated supervision of a hospital-based multidisciplinary treatment team. The team provides the medical, nursing, social, rehabilitation, and dietetic regimens, as well as the training of family members and the patient. Forty-two VA medical centers are providing hospital-based home care services, of which 12 were activated this past year. More acute care beds in hospitals are made available by providing increased days of care in the home.

In fiscal year 1983, 152,000 home visits were made by health professionals. Over 7,400 patients were treated.

III. MEDICAL SERVICE

During the year, Medical Service physicians continued to provide a wide range of general medical and subspecialty services to elderly veterans on acute medical and intermediate care wards, and to actively participate in geriatric fellowship training, GRECC's, geriatric evaluation units (GEU's), and hospital-based home care senior clinician programs.

Staff in central office and in the field have actively participated in GEU and adult day health care educational programs and the Geriatric Liaison Coordinating Committee as well as the review of the Harvard project position papers. Study of hypertension in the elderly continues in several VA medical centers and a subcommittee to study and make recommendations on nutritional problems in the elderly is functioning.

IV. MENTAL HEALTH AND BEHAVIORAL SCIENCES SERVICE

A focus on the mental health of the aging veteran is an important facet of the VA health care program. The Veterans Administration facilities for the care of older veterans are principally in the extended care programs, the Medical and Psychiatry Services. Many of the patients in intermediate medical care and extended care facilities have a psychiatric diagnosis, as well as some physical disability. On a given day, the Medical Service in extended hospital care has about 9,340 patients (about 52 percent of these also have a psychiatric diagnosis). Of this group, 57 percent are 65 years of age or over. It should also be noted that some of the extended care programs report increasing numbers of admissions for long-term medical care directly from the community and not as transfers from one of the VA medical center wards or clinics.

Of the patients with a psychiatric diagnosis who are age 65 and older, 28 percent are on psychiatric wards and 72 percent are on other wards, principally long-term medicine. Many other older psychiatric patients are in VA and community nursing home facilities, VA domiciliaries, and residential care homes.

The Veterans Administration supports, through its research program, research on problems in long-term psychiatric disease such as schizophrenia, Alzheimer's-type senile dementia, and alcoholism, as well as other diseases common among aging individuals.

In March 1982, Mental Health and Behavioral Sciences Service conducted a survey of Psychiatry and Psychology Services in VA medical centers to determine the extent of geriatric psychiatric programs. Of the 114 responses to the survey, 46 percent indicated they had initiated direct geriatric psychiatric services, including mental and/or neurological diagnosis and evaluation, individual therapy, family therapy, group therapy, and social and physical activities.

The VA has established geropsychiatric sections at its VA medical centers in Little Rock and North Little Rock, Ark.; Lyons, N.J.; Northport, N.Y.; Salisbury, N.C.; American Lake (Tacoma), Wash.; Brockton, Mass.; Coatesville, Pa.; Knoxville, Iowa; Los Angeles (Brentwood), Calif.; Murfreesboro, Tenn.; Salem, Va.; Togus, Maine; and Waco, Tex. These sections emphasize attention to physical, mental, and social activity of a stimulating type. It is believed that some of these patients will make a better adjustment in the community and, with proper treatment, show improvement in their physical and mental state if kept physically and mentally active. Psychiatry also has geriatric day care programs at VA medical centers in Palo Alto, Calif.; North Chicage, Ill.; Loma Linda, Calif.; and outpatient clinic, Boston, Mass. The number of geriatric day care programs is expected to increase as staff and support become available through redirection of existing resources in VA medical centers.

V. SOCIAL WORK SERVICE

Continued emphasis has been placed on the integration of VA and community services to more effectively meet the medical and social needs of veterans no longer requiring institutional care as well as veterans who can be maintained in their own homes or other community settings. The activation of a nationwide network of Medical District Community Services coordinators to facilitate the development and integration of VA/community services and programs in meeting the needs of the frail elderly, has expanded and enhanced the VA's capability for responding to the health care requirements of this population. Joint training programs sponsored by VA, Federal, State, and local agency staff have taken place at numerous sites across the country and have strengthened VA/community linkages in support of agency priorities for the older veteran.

A major initiative completed during the past year was the development and implementation of a Social Work Service policy on discharge planning which not only addressed the generic process as it relates to all veterans, but also defined requirements to insure that high risk patients (including the elderly) receive proper screening, assessment, treatment, discharge planning, and after-care services. The policy also defines social work care management responsibility for the elderly which continues through monitoring the veteran's progress and arranging and coordinating the delivery of ongoing VA/community services consistent with care requirements and changing needs. VA staffing and program resources are being used more efficiently and effectively through the enhancement of support services for caregivers of the elderly.

Social Work Service provides VAMC linkage to the full spectrum of community health and social welfare agencies concerned with the elderly. Special emphasis continues to be placed on the development of joint planning, training, and service delivery initiatives with the area agencies on aging and the State offices on aging. This extends beyond the traditional information and referral function to encompass a joint commitment to meet the needs of older at-risk persons in a more comprehensive, efficient, and cost-effective manner. In addition, there continues to be an expansion in the use of VA and community-based volunteers to improve and extend services to veterans living in their own homes or in other community settings.

Initiatives have been undertaken with the National Health Screening Council for Voluntary Organizations to develop and expand the participation of VA health care facilities in the promotion of "health fairs" which provide screening, health education, and community resource information for the elderly and other groups.

VI. Rehabilitation Medicine Service

Incumbent in aging is the manifestation of various disease processes which, invariably, involve not only the signs and symptoms of the disease itself but concomitant dimunition or loss of physical function.

Rehabilitation Medicine Service, through the armanmentarium of physical agents and therapeutic exercise available in physical medicine and rehabilitation (PM&R), provides significant resources to enable the patient to regain, maintain, or even enhance his level of physical functions. The utilization of these agents and exercises in conjunction with pharmacologial agents, dietary planning, and social work service, through the integrated team concept provides for more effective delivery of services and high quality of care.

This concept is utilized by Rehabilitation Medicine Service as a realistic and comprehensive approach in the rehabilitation of the geriatric veteran. Additionally, specialized programs involving RMS therapists are either being implemented or are well established in which particular needs of the aging veteran are addressed. Examples of the specialized program include: Cooking clubs specifically for the older veteran, activity exercise classes for the elderly patient, and community living skills training programs.

Finally, a significant number of RMS therapists are included in education and training courses which focus on new and successful treatment programs for the geriatric population.

VII. Nursing Service

Nursing Service has an active role in the planning and delivery of care in all patient treatment modalities, ranging from institutional to community-based programs, and including home care. Nursing is the clinical discipline that comprise the largest proportion of health services required for the care of the elderly veterans and, because of its involvement in most of the daily patient care activities, has the major share of responsibility for coordinating health care programs for aged veterans.

Nursing Service initiatives were introduced in fiscal year 1983 to keep pace with the increasing demands and more effectively coordinate the multiple health services that are required. A centralized preceptorship traninig program was implemented to prepare nurses for leadership positions in nursing home care units. Nine nurses, five VA and four non-VA, received 1 year full-time scholarships (provided by Public Law 96-330) for graduate study in gerontological nursing. A discretionary title, Associate Chief, Nursing Service for Nursing Home Care, was established to denote the complexity of the program and nursing leadership responsibilities for integrating a wide array of health care services and maintaining continuity of a comprehensive patient care program. Initiatives continue for the recruitment and development of nurses with clinical expertise in geriatrics. Nursing Service also identified the need to sustain the concept of rehabilitation in nursing practice and its application to the care of the aged. As a result of this initiative, a systemwide rehabilitation education program for nurses was approved and is scheduled for presentation in fiscal year 1984.

As VA medical centers reconfigure their services to accommodate more veterans who are functionally disabled by age and/or disease, programs that focus on the needs related to the lost functions rather than on the diseases are being established and administered by nurses both in outpatient clinics (OPC) and inpatient units. There were approximately 115 OPC's and 70 inpatient nurse-administered units operating in fiscal year 1983. Among the nurse administered OPC services are: Assessment, treatment, and followup care for hypertension, diabetes, stroke, Alzheimer's disease status, and mental hygiene including alcohol and substance abuse. Patient and family health teaching is a major component of the nurse-administered clinical program. Patients treated in the nurse-administered inpatient units are more physically and cognitively disabled and require multiple health services to restore them to optimum function. Nursing care focuses on the rehabilitation process and incorporates physical fitness, sensory retraining, resocialization, reality orientation, remotivation, and visuo-spatial learning. Nurse-administered units are providing an ideal setting for nursing research and several of the completed studies have been published in professional nursing journals. One publication, the Journal of Gerontological Nursing, devoted its entire June 1983 issue to articles by VA nurses.

The continuing education of nurses as well as academic preparation of nurses are high priorities of the VA Nursing Service. Nursing Service has submitted a proposal to establish a gerontological nurse fellowship program at the doctoral level of study. The VA Regional Medical Education Centers (RMEC's) frequently utilize the services of clinical nurse specialists with expertise in gerontology, rehabilitation, and geropsychiatry to plan and present continuing education programs within their respective regions. The nursing home care unit located in the Hines VA Medical Center, through a grant to Rush University in Chicago, is 1 of 11 nursing homes selected in fiscal year 1983 for the Robert Wood Johnson Teaching Nursing Home Project. Schools of Nursing affiliated with the VA are being encouraged to provide a clinical experience in long-term care nursing for their students.

The need to expand nursing services communitywide for elderly veterans at high risk of being institutionalized has been identified. The adult day health care (ADHC) demonstration projects have shown that nursing is an essential element of a preventive health service. As programs such as ADHC develop and the concept of networking with resources in the community becomes more firmly established, nurses can be expected to assume leadership in coordinating a large proportion of health services that will delay institutionalization of frail elderly veterans.

VIII. DIETETIC SERVICE

The nutritional status of the aging veteran continues to be a major focus for Dietetic Service. Aging tends to impair nutrient metabolism, diminish the acuity of taste and smell, and reduce appetite. Thus, providing optimal nutrition for the aging veteran requires the special knowledge and skill of qualified dietitians and supportive personnel. Dietitians are responsible for comprehensive nutritional care of the aging veteran in the VA medical centers, ambulatory care, extended care, nursing home care units, and in VA domiciliaries. Comprehensive nutritional care include physiological as well as the psychological aspects of consuming and utilizing the nutrients in foods.

Since optimal nutritional care and the benefits of good nutrition manifest themselves slowly, nutrition counseling must be a continuous process to guarantee proper eating habits throughout hospitalization and after the veteran's return to his community home. Dietitians are providing nutritional counseling individually, to family members, and in groups. This counseling includes the initial nutrient consultation as well as followup sessions. Followup nutritional care is particularly essential for the aged veteran who lives alone. Teaching the aging veteran to care for his nutritional needs on a reduced income, with physical limitations, limited cooking skills and equipment, and social isolation continues to be a challenge for the dietitian.

In fiscal 1983, guidelines for the nutritional care of the aging veteran were developed. These guidelines are designed for use by dietitians to aid the aging veteran in making adequate nutritional choices. In addition to making adequate nutritional choices, the aging veteran is taught to assume responsibility for his own nutritional care within the parameters of his own lifestyle. The aging process is being studied and researched by all clinical disciplines, and Dietetic Service is no exception. Dietetic Service is committed to continue to plan and conduct research that can be used to improve the health and nutritional status of the aging veteran.

IX. VOLUNTARY SERVICE

There are six general areas in which the value of involving volunteers in care of the older veteran was apparent in fiscal year 1983. These include providing personal contacts and services; involving or reinvolving the patient in the community; helping keep the institution as free as possible of restrictions for the patient; giving support to the terminally ill and their families; meeting otherwise unmet needs; and contributing special talents or experience for the benefit of patients.

Examples of personal services for older patients were numerous, ranging from shopping for personal items in the medical center canteen store to ongoing individual involement with patient and family. Among the innovative newer programs was one of VA Medical Center, Sheridan, Wyo., in which 60 veterans from the geriatric units who have no families have been assigned volunteers who bake cookies for them six times a year. Wrapped as gifts and accompanied by a card or note from the baker, the cookies are mailed or delivered to the patient.

Personal services to the terminally ill are more intensive and impose much greater demands on the volunteers selected. In many instances, however, hospice programs have come about largely because of the initiative and availability of volunteers. At Bay Pines, Fla., for example, a hospice program emphasizing home visitation was initiated after a group of volunteers, trained by Hospice, Inc., offered to transfer their experience and services to the VA medical center and were accepted as fully qualified members of the staff, available at need on 24-hour call.

VA Medical Center, Erie, Pa., on the other hand, has a less demanding assignment which involves a weekly, or oftener, visit to the terminally ill patient. The visit may involve conservation only, or the volunteer may be asked for such an unusual service as providing a fish dinner in midafternoon.

Inherent in the VA Voluntary Service program from its inception has been the purpose of maintaining a relationship between the patient and the community. This is especially desirable for the older patinet, whose number of family and friends has declined with age. One of the most popular and steadily expanding programs in this area is an arrangement with schools and school systems for students to "adopt" VA nursing home care patients whom they visit, engage in conversation, and entertain.

Among other community interaction programs reported in fiscal year 1983 is the one at Roseburg, Oreg., called "Project Renew" in which a volunteer helps VA nursing home care unit residents and staff, meeting weekly at a local church, to work on projects for community agencies such as Head Start, the Salvation Army, and Mercy Medical Center Hospice. At Houston, Tex., a senior program of patients from a community nursing home come regularly as volunteers to the VA medical center to visit patients and at other medical facilities VA patients visit residents in community nursing homes.

VA Medical Center, Hampton, Va., reports great success with its sponsor-a-resident program in the nursing home care unit. An expansion of similar programs in other VA medical facilities, involves volunteers arranging for and accompanying individual residents on trips, dinner in town, visits to the zoo, or weekends at a farm.

Institutional living could be very restrictive to the frail elderly patient without the supplemental services provided by volunteers. A victim of Alzheimer's disease, who would otherwise need restraints, is free to wander under the watchful eye of a volunteer; a nursing home resident eager to watch television programs which are of little interest to the majority of patients in the lounge may watch them on another television set donated by volunteers; a patient whose home garden was his pride may be able to work, with volunteer assistance, on gardening projects at the medical center. During 1983, for example, a wheelchair garden was constructed at the Fort Thomas, Ky., Division of VA Medical Center, Cincinnati, Ohio, which provided space for ambulatory and wheelchair residents of the nursing home to grow plants and vegetables.

Volunteers often bring their own skills and interests to the program and VA staff members are increasingly adept at recruiting or accepting these gifts for the benefit of the older patients. The Mountain Home VA Medical Center at Johnson City, Tenn., relies on a retired dietitian to prepare visuals and other educational material for Dietetic Service; VA Medical Center, Butler, Pa., has a new volunteer at its Senior Adult Center, a 42-year-old former basketball coach who is a stroke victim. The former coach conducts weekly discussion groups on sports and current events. At VA Medical Center, Montgomery, Ala., a local education coordinator plans and conducts a weekly crafts program in which intermediate care patients share their time with youth and with handicapped members of the community.

At Martinsburg, W. Va., family members of patients in the medical center's Stroke Club have been recruited as volunteers to help plan patient activities and provide escort service for those unable to move about without assistance. The Stoke Club also involves patients from the community.

Volunteer participation in the VA is difficult to summarize because it relates to such a broad spectrum of patient care activity, and because the trends of the volunteer programs are dictated by changes in medical care and patient population. Essentially, however, Altoona, Pa., speaks for all VA medical facilities in reporting that in fiscal year 1983: "The trend has been to develop innovative volunteer programs to meet the needs of our aging veteran population."

X. DENTISTRY

Dental services comprise a significant proportion of services for the comprehensive health care required for elderly veterans. For this reason, dentistry strives to be a contributing member of any multidisciplinary team responsible for interception and control of health care problems commonly found in a geriatric patient population.

Several factors combine to make initiatives for the dental care of elderly veterans imperative:

(1) Dental diseases are predominantly chronic and progressive; therefore, older patients accumulate a backlog of dental care needs.

(2) Surveys indicate that the elderly are retaining their teeth for a longer period of time than in previous generations. This longer retention period increases the incidence of periodontal problems and dental caries.

(3) Older patients are more knowledgeable of dental disease processes than in the past and, consequently, they are more likely to seek out and obtain necessary dental treatment.

(4) Research indicates that institutionalized elders have greater unmet dental needs when compared to elders living in the community.

(5) The VA anticipates an increase of approximately 20,000 long-term care, geriatric inpatients over the next decade.

(6) Aggressive preventive dentistry programs can be effective in reducing dental problems in the aging population.

The Office of Dentistry is in the process of developing a number of initiatives to address the problems associated with dental care for aging veterans. The dental geriatric fellowship program was initiated in 1982. Five separate VA medical centers were selected as training sites, and all are affiliated with medical and dental schools in their areas. The VA is a pioneer in this area of training, and it is anticipated that the graduates of these programs will provide the administrative and clinical leadership as we prepare to meet the challenges in dental care for older persons. The first five fellows will complete their programs in June 1984.

VA personnel have assumed leadership roles in providing continuing education courses on geriatric dentistry and in presentations at national conferences. Continuing education courses have been presented at the VA Dental Education Centers (DEC's), the Regional Medical Education Centers (RMEC's), Geriatric Evaluation Units (GEU's), and local VA medical centers. The topics presented emphasize the role of dentistry in the interdisciplinary approach to total care for the aging veteran. The courses also presented information about the clinical problems associated with patient-care delivery systems for the aging. VA dentists and fellows have been active participants and presentors at two national conferences in 1983: The Harvard Conference on Aging and the Annual Scientific Meeting of the Gerontologcal Society of America.

Dr. Chester Douglass, a dentist on the faculty of the Harvard School of Dental Medicine, serves on the congressionally mandated Geriatric and Gerontology Advisory Committee (GGAC).

The Office of Dentistry has major VA central office committee responsibilities in the areas of long- and short-range planning for the aging.

Dr. Robert Rhyne, Assistant Chief Medical Director for Dentistry, serves on the VA Geriatric Steering Committee. Other Office of Dentistry staff members serve on VACO committees which are addressing the problems of aging and care of the aged from an agency viewpoint. The VA Central Office Geriatric Liaison Coordinating Committee is an outstanding example of the interdisciplinary mechanism being employed at that level.

Dental research is an important consideration as we establish and activate a comprehensive dental plan for the needs of the aging population. The geriatric research, education, and clinical centers (GRECC's) have assisted in this respect and dentistry has had an expanding role in the GRECC activities. VA's central office has reviewed dental research proposals submitted this year. The investigators are interested in a wide range of topics necessary for the expansion of our knowledge related to dental problems associated with aging. Additional proposals are being encouraged to broaden our knowledge and appreciation of physiologic, sociologic, and psychologic aspects of dental problems in the aging population.

Appropriate dental care is essential for the integrity of oral and gastrointestinal health, nutritional status, ability to chew a palatable diet, in pronunciation of words during oral communication, and in maintaince of a facial appearance conductive to maintaining a proper self-image. VA dentistry must be strong for preventive as well as restorative dental service for all older veterans.

The overall success of our dental efforts directed at the aging population will be enhanced if current legislation can be amended or new legislation initiated to allow eligibility for needed dental treatment to parallel entitlement for medical care.

XI. Research and Development

MEDICAL RESEARCH SERVICE

In 1983, 12 percent of the population of the United States was over age 65. The annual health care costs of these people is enormous. As in the general population of the United States, the population of elderly people eligible for care in the VA system is growing rapidly. It is estimated that between now and the year 2000, the number of veterans over age 65 will more than double from the current figure of about 4 million to over 9 million.

In order to enhance the quality of life of these elderly veterans and to effectively diminish the physical and mental defects caused by diseases in the aged, it is apparent that there is a need for greater understanding of the major disease processes that affect the elderly and the most useful approaches to the management of these conditions. To the extent that the degree of functional impairment of elderly patients can be prevented or postponed, their needs for expensive long-term medical and nursing care may be markedly diminished.

In recognition of the increasing need to understand the health problems of the elderly, the Medical Research Service of the VA and many VA investigators have increased their efforts in the past year to explore this area. In order to stimulate original thinking about the aging process and health problems of the elderly, the Medical Research Service offered an innovative research in aging program in December 1982. Over 350 VA investigators formally expressed interest in this program and 200 proposals were submitted by March 1983. The funded proposals dealt with basic mechanisms in the cell biology of aging, with age-related changes in drug metabolism, with altered host defense mechanisms in aging, and with changes of neuronal and brain function with age. The large response from VA investigators to this program suggests that VA investigators throughout the country are interested in the aging process and the health problems of the elderly.

This interest in aging by VA investigators is also apparent from data for fiscal year 1982 which showed that over 290 VA investigators identified aging as one of their primary or secondary program areas. Over 400 aging-related research projects by these investigators were supported by over $9 million from the Medical Research Service of the Veterans Administration. These studies were carried out at approximately 80 VA medical centers. It is obviously not possible to summarize all of this work in a single report, however, highlights of research activities in the following areas will be presented: Alzheimer's disesae, other neuropsychological aspects of aging, host defense mechanisms in aging, neuroendocrinology in aging, and aging and metabolism.

A. Alzheimer's Disease

Basic science studies

(1) Bedford VAMC.—The role of autoantibodies in age-related changes in brain tissue have been studied by measurement of brain reactive antibodies which increase progressively as a function of age (K. Nandy). That the presence of the antibodies represents an important cell-mediated immune effect was demonstrated by transfer of immunologically active cells from old mice to young mice leading to the development of high brain reactive anitbody levels in young mice. Antibody formation was markedly inhibited by prolonged dietary restriction in young mice but this intervention was not helpful in old animals.

(2) Seattle VAMC.—Studies of brain tissue of patients dying with well-characterized Alzheimer's disease have substantiated reports that levels of the enzyme choline acetyltransferse are diminished in the cerebal cortex (T. Bird). In contrast to these findings, patients with Huntington's disease have low choline acetyltranferase activity in the basal ganglia, but not in the cerebral cortex. Age of onset of the disease and myoclonus have emerged as important predictive factors in the degree of abnormal brain choline acetyltransferase activity in Alzheimer's patients.

(3) Lexington VAMC.—Studies have attempted to characterize alterations in structural components of neural membrances in rat cerebral cortex and hippocampal formation during the lifespan (S. De Kosky). Measurements of ganglioside sialic

acid, a quantitative neuronal membrane marker, demonstrate age-related decreases in two different strains of rat. Conversely, myelin increases progressively with age in both rat strains. Studies also provided evidence of an age-related decline in cholinergic activity as measured by choline acetyltransferase activity in the cortex of these animals. The similarity of these findings to those observed in some human studies suggests that these animals will provide a good model for future studies of cholinergic function in the aging brain.

Clinical studies

(1) Bronx VAMC.—If decreased central cholinergic activity contributes to the memory deficit in patients with Alzheimer's disease, improved memory function might occur with augmentation of central cholinergic activity by administration by cholinomimetic drugs. In a preliminary study of 10 patients receiving intravenous physostigmine, small but consistent improvements in memory were observed (K. L. Davis). Ongoing studies with oral physostigmine and the combination of oral piracetam plus lecithin are in progress to further test this hypothesis in larger groups of patients.

(2) Houston VAMC.—The effectiveness of the adrenergic agent methylphenidate is being compared with the cholinergic agents physostigmine and choline in a double-blind crossover trial in patients with dementia (W. E. Fann). Utilizing detailed psychological batteries for cognitive and memory function, some improvements have been observed with these regimens in some patients. The responses to methylphenidate appear somewhat greater than to choline but are less than the response to a combined regimen. Additional patients will have to be studied to determine the significance of these findings.

(3) Palo Alto VAMC.—Studies are in progress to evaluate the effectiveness, in patients with Alzheimer's disease, of brain peptides that have been reported to improve cognitive function in animals. Studies with desamino-arginine vasopressin were performed in 17 patients who received either the drug or placebo. Although there were some positive trends, no clinically significant improvement was found in either cognitive performance or in behavioral measurements (J. R. Tinkelenberg). Additional studies are being carried out with des-glycinamide arginine vasopressin, but results are not yet available.

B. Other Neuropsychological Aspects of Aging

Psychosocial studies

(1) Boston OPC.—The effect of occupational retirement on physical health was studied in 900 males participating in the normative aging study. Based on medical examinations and self-reported health status, retirement appeared to have no adverse effect on physical health (R. Bosse). In fact, 38 percent of retirees claimed that retirement had a good effect on their health. In another series of studies the effect of age on dealing with task complexity under varying levels of attention demand was studies (D. J. Plude). The findings indicate age decrements in quantitative rather than qualitative aspects of information processing.

The main abnormality observed in aging was a decline in the rate of processing with no age effect in the sequence of stages through which information processing occurs.

(2) Syracuse VAMC.—Studies have been performed to assess comprehension and memory performance of the elderly in general reading situations, particularly with reference to the question of obtaining informed consent from the elderly (H. A. Taub). The studies demonstrated that subject vocabulary levels were important to comprehension, but also there was an independent age effect. Preliminary findings from studies of informed consent suggest that more work is needed to explore methods to insure that elderly volunteers understand and use appropriate information when deciding about participating in a research study.

Clinical studies

(1) Palo Alto VAMC.—The effectiveness of several types of psychotherapy for depression is being studied in a large population of elderly patients (L. W. Thompson). Preliminary results indicate that 75 percent of such patients respond to a 6-week course of psychotherapy with resolution of depression symptoms while the status of untreated controls did not change during the same period. Additional patients are being studied to determine whether there are differences in responses to cognitive psychotherapy, behavioral psychotherapy, or psychodynamic psychotherapy.

(2) Sepulveda VAMC.—The association of sleep apnea with other age-related abnormalities in healthy older men has been studied (G. McGinty). A majority of healthy older men were found to have sleep-related breathing disorders which were

associated with reduced ventilatory responses to hypoxia, with disturbed sleep and daytime sleepiness, with elevated plasma norepinephrine levels, and with memory dysfunction. Further work will be necessary to determine whether causal relationships among these processess exist.

(3) Minneapolis VAMC.—Studies have been performed in a group of patients with idiopathic Parkinson's disease and matched control subjects to clarify the nature of the intellectual deficits in Parkinson's disease and the relationship between such deficits and motor symptoms of these patients (J. A. Mortimer). The studies have demonstrated global defects in cognition affecting approximately 90 percent patients with Parkinson's disease relative to matched controls. The severity of slowness in movement in these patients is positively correlated with poor performance on tests of visual spatial function while increased tremor is associated with better performance on tasks assessing spatial memory.

(4) West Los Angeles (Brentwood Division) VAMC.—An ongoing study is assessing the effects of drug treatment of depression in elderly outpatients. Preliminary results indicate that both imipramine and doxepin were significantly superior to placebo in reducing depression symptoms. Sixty-two percent of active drug patients were in remission by 3 months and all of the remaining subjects improved (L. F. Jarvik).

C. Host Defense Mechanisms in Aging

Basic science studies

(1) West Los Angeles (Wadsworth Division) VAMC.—The effect of age in the regulation of hemopoiesis has been studied by evaluating the proliferative potential of bone marrow stem cells in mice (M. L. Tyan). Contrary to expectation, it was found that marrow stem cells transplanted into irradiated hosts from old mice remained more active than cells obtained from young mice. Similarly, in long-term culture, stem cells from old marrow replicated more vigorously than those from young marrow.

Studies with anti-T cell serum suggested that stem cells from old marrow replicate more vigorously because old marrow has more helper cells or that the old stem cells are more responsive to helper cell stimuli.

Other studies have addressed the mechanism and regulation of the immune system in aging (T. Makinodan). In a study of spleen B-lymphocytes it was found that although B-cells from old mice can proliferate, they cannot differentiate into antibody secretors. This defect was found to be due to the presence of suppressor lymphocytes in the spleen with the capacity to specifically inhibit differentiation, but not proliferation, of B-cells. In other studies the possible role of deficient production of interleukin 2 in reduced proliferative activity of stimulated T-cells of old mice was assessed. It was found that spleen and lymphnode cells from old animals produced 50 percent less interleukin 2 than cells from young animals. In addition, the reduced proliferative response of T cells in old mice was reversed by exposing them to exogenous interleukin 2.

(2) San Diego VAMC.—The effect of age on human B-lymphocyte maturation and culture has been studied (J. W. Hollingsworth). B-lymphocytes obtained from elderly donors failed to differentiate to antibody producing cells in culture. No differences in B-cell numbers were observed between young and old. T-cell cultures from old and young demonstrated the possible failure of T-helper products such as interleukin 2 to be properly produced or to be biologically effective. This abonormality could contribute to the immunodeficiency in the elderly.

Clinical studies

(1) Ann Arbor VAMC.—Studies were performed in healthy elderly volunteers and young controls to address the question of why elderly persons do not generate as high a febrile response to infection as younger persons (C. A. Kauffman). Monocytes obtained from healthy older people did not produce significantly less leukocyte pyrogen in response to a stimulus than cells from younger persons. To assess the possibility that poor nutrition in hospitalized elderly patients leads to impaired febrile responses, a comparison was made of monocytes obtained from malnourished patients produced significantly less leukocyte pyrogen than from well-nourished controls. Thus, malnutrition rather than aging per se may be the important variable affecting pyrogen responses.

(2) Huntington VAMC.—A study has been performed of an outbreak of influenza B virus infection at the Huntington VA Medical Center (L. P. Van Voris). Twenty percent of hospitalized inpatients were affected and the mean age was 63 years. Although no mortality was observed related to this outbreak, it was estimated that an

excess cost of $450 per patient resulted because of this illness. Illnesses occurred in patients who did not demonstrate evidence of prior influenza immunization. The findings emphasized the importance of influenza immunization in an elderly population.

(3) Houston VAMC.—The influence of age on B-cell function in patients with rheumatoid arthritis has been studied (R. D. Rossen). Several abnormalities in function of peripheral blood lymphocytes obtained from patients with rheumatoid arthritis were observed. Synthesis and release of IGM antibodies to immunoglobulin was correlated with age of the patient suggesting that this may contribute to differences in disease activity with age.

D. Neuroendocrinology in Aging

Basic science studies

(1) Seattle VAMC.—To assess the possible role of extrahypothalamic vasopressin in age-related changes in memory function, tissue content of vasopressin was studied in microdissected areas of rat brain in young and old rats and compared to findings in animals with inherited vasopressin deficiency (D.M. Dorsa). Reduction of vasopressin content in both hypothalamic and extrahypothalamic nuclei was observed in old compared to young animals. The defect is comparable to that of animals heterozygous for vasopressin deficiency who have been shown to have diminished memory function.

(2) Sepulveda VAMC.—The role of various peptides in age-related memory impairments has been studied (J. L. Davis). Central administration of the C-terminal tripeptide of the hormone oxtocin enhances memory function when injected centrally but not peripherally. Administration of arginine vasopressin also produces memory enhancement when administered into the central nervous system.

(3) Wood VAMC.—Animal studies suggest altered tissue sensitivity to thyroid hormone as a function of age (S. R. Gambert). Sodium pump activity of Kidney cells demonstrated a small but significant decrease with increasing age. In addition, the response to thyroid hormone stimulation of this important enzyme was diminished in cells from old animals. This impaired response does not appear to be due to diminished thyroid hormone receptors since no age effect on nuclear binding of thyroid hormone was observed.

Clinical studies

(1) Sepulveda VAMC.—Organic factors involved in dysfunction of penile erection in 42 nondiabetics over age 50 were assessed (S. Korenman). Identifiable organic factors existed in 39 of the 42 patients. While few classic endocrinopathies were found that were treatable, the majority had neurovascular insufficiency in association with illness and medications. There was also an unexpected frequency of past vasectomy in patients with impotence.

(2) Houston OPC.—The influence of age on sympathetic nervous system activation associated with hyperinsulinemia has been studied (J. Rowe). Whereas normal young individuals demonstrated increased norepinephrine release following meals and during infusion of high doses of insulin, this effect was blunted in normal older individuals. These findings may contribute to altered feeding-related events in the elderly.

(3) Settle VAMC.—Regulation of sympathetic nervous system activity was compared in old and young subjects by measuring the kinetics of norepinephrine release into plasma and removal from plasma. Older subjects have higher norepinephrine levels which were due to increased release rate rather than diminished removal rate, suggesting heightened sympathetic nervous system activity in the elderly. However, normal suppression of sympathetic nervous system activity was observed in older subjects using the alpha 2 adrenergic agonist clonidine. Thus, increased sympathetic activity does not appear to be a result of diminished reponsiveness to alpha 2 adrenergic stimulation.

E. Aging and Metabolism

Basic science studies

(1) Palo Alto VAMC.—Work has continued on mechanisms involved in the age-related decline in pancreatic islet function in rats (E. Reaven). A comparison of standard diets, sucrose rich diets, and calorie restricted diets was performed. Insulin output per unit endocrine pancreas was markedly reduced in all three groups of older rats. However, total endocrine tissue mass and total insulin output of the pancreas was markedly dependent on diet intake. Animals fed either sucrose or standard diet had a marked increase of endocrine pancrease mass compared to young ani-

mals so that total insulin output was normal. In contrast, the endocrine cell mass of the calorie restricted animals did not enlarge. As a result maximal insulin output was diminished.

(2) Little Rock VAMC.—Cultured human fibroblasts have been used as a model of aging to explore alterations in gene structure and expression as a function of in vitro aging and donor age (S. Goldstein). These studies have identified instability in the transmission of DNA methylation patterns during fibroblast replication in and around unique copy genes. Preliminary evidence has been found that gene transcription at a specific locus is derepressed in some normal cell lines at late passage. This work should help to improve our understanding of altered gene expressed in aging cells which can lead to malignant transformation or appearance of ectopic gene products.

(3) St. Louis VAMC.—To assess the mechanism for diminished calcium absorption with age which may contribute to age-related bone disease, studies have assessed vitamin D metabolism as a function of age in rats (H. J. Armbrecht). Decreased production by the kidney of the active form of vitamin D has been documented with age, particularly in response to a low calcium diet. In addition, there is decreased stimulation of kidney production of active vitamin D by parathyroid hormone with age. These changes may account for the observed decline in intestinal absorption of calcium with age.

Clinical studies

(1) Denver VAMC.—The mechanisms of insulin resistance in aging have been assessed in man (J. M. Olefsky). Health elderly subjects disposed of considerably less glucose in response to a standard insulin infusion dose. Insulin binding to isolated fat cells and monocytes was similar in old and young indicating that a receptor defect did not explain the diminished glucose disposal in the elderly. To establish whether a post receptor defect in insulin action was present, a maximal insulin level was achieved and marked impairment of glucose disposal persisted in the elderly. Insulin suppression of hepatic glucose output was also impaired in the elderly but full suppression was achieved with the high dose of insulin infusion.

(2) Seattle VAMC.—To determine whether dietary factors contribute to altered glucose tolerance in the aged, the effect of diets of differing proportions of carbohydrate in young and old subjects were studied (M. Chen). These studies have demonstrated a decrease in carbohydrate and caloric intake in the elderly associated with peripheral insulin resistance and decreased beta cell sensitivity to glucose, especially during low carbohydrate intake. Both pancreatic B-cell function and tissue sensitivity to insulin improved in the elderly when they were placed on higher carbohydrate intake.

(3) West Haven VAMC.—The effect of immunobilization of calcium homeostasis was studied in patients immobilized by traumatic spinal cord injury (A. E. Broadus). Although serum calcium levels were normal in these patients, calcium excretion was markedly elevated. Active vitamin D levels were markedly reduced as was the level of parathyroid hormone. These findings suggest that immobilization induced hypercalciuria is a result of diminished parathyroid hormone secretion and impaired activation of vitamin D.

Rehabilitation research and development service

The Rehabilitation R&D program supported clinical studies in the following areas related to aging: Restoration of sight and hearing, rehabilitative treatment of neurological disorders and musculoskeletal disorders, and psychological aspects of and psychotherapeutic contributions to rehabilitation. Rehabilitation R&D strategy in aging includes a three-prong approach. The core of this effort revolves around continuation of aging-related projects in the priority areas identified above, and the active solicitation of new and expanded proposals regarding geriatric rehabilitation R&D. These two approaches will be reinforced by the continued development of a special Rehabilitation R&D unit located at VA Medical Center, Decatur, Ga., which has the assigned mission of concentrating its R&D efforts in programs directed to assisting the aging handicapped population.

Health services research and development

The Health Services Research and Development (HSR&D) Service develops new knowledge, technology, or information about the organization, process, cost, and effect of health care delivery—and methods needed to conduct such research—to improve the effectiveness and efficiency of the VA health care system. The service recognizes care of the aging veteran as an important area for HSR&D activities and it was identified as a specific HSR&D priority in fiscal year 1981. In fiscal year 1983, the service:

—Established a special VA systemwide resource for health services research on care of the aging veteran. The program is staffed by well respected researchers experienced specifically in this type of research. They are leading and coordinating HSR&D efforts in this area, beginning with identifying questions to be answered, summarizing what is known now, and determining where new health services research is needed.

—Published information synthesis describing current research findings and future needs in aging to encourage specific HSR&D efforts in important areas.

—Developed plans for major studies of alternative strategies and interventions for caring for aging veterans (e.g., adult day health care).

—Continued to develop and fund HSR&D projects focused on care of the aging, some of which have already demonstrated results.

For example: Early results of an HSR&D Service supported study, conducted by Dr. Lawrence Rubenstein at VAMC Sepulveda, indicate reduced mortality, reduced hospitalization, and fewer nursing home stays for geriatric evaluation unit (GEU) patients. Moreover, a preliminary analysis of direct costs showed savings for GEU patients. "This study will have substantial impact on planning in the VA, and have important implications for U.S. health policy in general," states Dr. Rubenstein. Already, the VA is expanding the numbers of GEU's in its medical centers. Elderly blind veterans are often alone because travel is more difficult for them. The VA Medical Centers at Seattle and American Lake developed and tested group counseling by telephone conference. Those calls decrease loneliness and increase household activities among blinded veterans. Telephone counseling allows blind veterans to talk with others who have similar handicaps and provide aid to one another. Results have been made known to the Blinded Veterans Association and disseminated nationwide.

XII. ACADEMIC AFFAIRS

Every short- and long-range plan for the VA's Department of Medicine and Surgey that addresses health care needs of the Nation's growing population of elderly veterans includes training activities sponsored by the Office of Academic Affairs (OAA). The training of health care professionals in the area of geriatrics/gerontology has always been a key component of every affiliation program conducted in VA medical centers and other health care facilities of the system. Work with geriatric patients is an integral part of the clinical experience of the nearly 100,000 trainees—including 25,000 resident physicians—who trains in VA medical centers each year as part of an affiliation agreement between the VA and nearly 1,000 health professional schools, colleges, and university health science centers. Recognizing the needs of the rapidly expanding veteran population, the OAA has made great strides in promoting and coordinating the multidisciplinary gerontology and geriatric programs in VA medical centers and in schools with which it affiliates.

The following special programs reflect some of the activities of the Department of Medicine and Surgery, Office of Academic Affairs:

GERIATRIC FELLOWSHIP PROGRAMS FOR PHYSICIANS

Medical educators are still debating whether geriatrics should be a separate specialty or a subspecialty in medicine, but the need for physicians with special training in geriatrics and gerontology is urgent in view of the rapidly increasing numbers of elderly veterans and aging Americans. The VA health care system offers clinical, rehabilitation, and followup patient care services, as well as research and multidisciplinary programs that provide the support elements required for the training of physicians in geriatrics. This special training is being accomplished through the VA geriatric fellowship program that has been in operation at 12 VA medical centers affiliated with medical schools since 1978–79.

This program is designed to develop a cadre of physicians who are committed to clinical excellence to become the directors and leaders of local and national geriatric medical programs. Their dedication to innovative and thorough geriatric patient care is expected to permeate the teaching of medical students and house staff in order to foster positive reactions to this evolving area of medicine. The fellows' 2 year curriculum incorporates clinical, pharmacological, psychosocial, and education components related to the full continuum of treatment and health care of the elderly. A third fellowship year is available, on a competitive basis, for those who wish to conduct reasearch. Over its 5-year history, the program has attracted physicians with high quality academic and professional backgrounds. Their genuine interest in the well-being of elderly veterans is apparent from the high retention rates. Many of the fellows have published papers on geriatric topics in nationally recognized professional journals, and several fellows have authored or coauthored books on geriatrics and medical ethics. Several former fellows were successful in national competitions and received important awards from the National Institute on Aging and the Henry J. Kaiser Family Foundation. As of June 1983, 56 fellows had completed the program in four successive groups: 1980—8; 1981—13; 1982—16; 1983—19. About 90 percent of the fellowship graduates continue to practice geriatric medicine. About 60 percent remain in the VA system as full- or part-time employees. More than 70 percent of all graduates hold academic appointments. The demand for physicians specially trained in geriatrics increases each year, as evidenced by the multiple job offers extended to each fellow, not only from VA medical centers but also from private corporations and from medical schools.

DENTIST GERIATRIC FELLOWSHIP PROGRAM

In July 1982, 2-year dentist geriatric fellowship programs were started at five VA medical centers. The goals of this program are similar to those described for the geriatric physician fellowship program. As of fiscal year 1983-84, 10 dentist fellows are participating, and the first five graduates are expected in June 1984.

INTERDISCIPLINARY TEAM TRAINING

The interdisciplinary team training in geriatrics (ITGG) program has been activated at 12 VA medical centers. The teams consist of physicians, nurses, psychologists, social workers, therapists, nutritionists, and other associated health professionals. The teams provide patient care and serve as role models for medical and associated health students rotating on the teams.

The purpose of the interdisciplinary team training program includes the development of a cadre of health practitioners with the knowledge and competencies required to provide interdisciplinary team care to meet the spectrum of health care and service needs of the aged veterans. The program serves as a model for VA staff development through regionally focused activities.

CLINICAL NURSE SPECIALIST

Clinical nurse training is another facet of VA education programing in geriatrics. The need for specially trained graduate level clinical nurse specialists is evidenced by the sophisticated level of care needed by the VA patient population, specifically in the area of geriatrics. Advanced nurse training is a high priority within the VA because of the shortage of such nursing specialists who are capable of assuming positions in specialized care and leadership. The clinical nurse specialist program was established in 1981 to attract clinical specialists to the VA and to meet staffing needs in priority areas in geriatrics, rehabilitation, and psychiatric/mental help, all of which impact on the care of the elderly veteran. Direct student support is provided to master's level nurse specialists trainees for their clinical practicum at the VA medical centers affiliated with the academic institutions in which they are enrolled. In fiscal year 1983, 106 master's level clinical nurse specialist student positions were supported in 26 VA medical centers; 40 in geriatrics; 13 in rehabilitation; and 53 in pshychiatric/mental health.

EXPANSION OF OTHER ASSOCIATED HEALTH TRAINEE POSITIONS

In order to expand the involvement of students in the care of the elderly veteran, a program was initiated in fiscal year 1983, to increase the number of social work trainee positions at VA medical centers that have significant programs relating to the aging veteran. There were 101 social work trainee positions allocated to 75 different medical centers. In fiscal year 1984, this program was broadened to include other associated health professions trainees. In all, 94 positions in such disciplines as phsychology, audiology/speech pathology, pharmacy, optometry, occupational therapy, and social work were allocated to 53 VA medical centers. The aim of this program is to increase the education and training of many health professional trainees in the the assessment, treatment, and rehabilitation of the geriatric patient.

CONTINUING EDUCATION

In support of the VA's mission to provide health care to the aging veteran population, education and training continues to be provided to enhance VA medical center staff skills in the area of geriatrics. These educational activities are geared toward the needs of VA health care personnel throughout the entire Department of Medicine and Surgery. Annually, postgraduate and inservice training (program 813) funds are distributed at three levels of the organization for support of continuing education activities in priority areas.

First, program 813 funds are provided to each of the VA medical centers to meet the continuing education needs of its employees. Approximately $120,000 of facility directed moneys was used to support 740 different activities in geriatrics during fiscal year 1983. VACO also allocates funds to hospitals for VAMC initiated programs. This special program allows health care facilities, with assistance from seven regional medical education centers (RMEC's), to provide education programs within the hospital to meet locally identified training needs.

Second, continuing education field units, which include seven regional medical education centers (RMEC's), eight cooperative health education programs (CHEP's), two dental education centers (DEC's), and continuing education center (CEC) meet education needs by conducting programs at the regional and local medical center level.

Examples of recent programs are: Special needs of elderly patients, Geriatric dental care, rehabilitation of the geriatric patient, nutrition problems of the elderly, memory dementia—Alzheimer's type, network of services/aging veteran.

RMEC programs are also conducted in cooperation with the geriatric research, education, and clinical centers (GRECC's). This collaborative effort is expected to expand in order to meet the increasing demands for geriatric/gerontology training.

Third, the continuing education center coordinates and/or develops for the Department of Medicine and Surgery continuing education programs which are national in scope. The CEC, working in conjunction with VACO professional and administrative services, determines national educational needs and coordinates the development of various educational projects to meet these needs. Systemwide education projects are conducted in the area of geriatrics/gerontology to meet the training needs of professional staff.

During fiscal year 1983, all of the above-mentioned continuing education field units conducted 136 education activities in the area of geriatrics which were attended by 4,531 VA participants and 2,590 non-VA participants.

LEARNING RESOURCES

The widespread education and training activities in geriatrics have generated a broad spectrum of requirements for learning resources throughout the VA system. Hundreds of on-line searches were performed on all aspects of aging throughout the country at VA Library Services. Multiple copies of two videotapes dealing with the problems of aging were made available to the system through placement in designated medical district software delivery libraries. Printed materials on aging were also widely distributed, including "Geriatric Medicine and Geriatrics," as well as a guide to the VA domiciliary program. A "Pathfinder on Aging, Geriatrics and Gerontology" was developed for central office staff, and the VACO collection of books, audiovisuals, and journals was expanded to stress this topic.

HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM

The purpose of the health professional scholarship program is to assist in providing an adequate supply of nurses for the VA and the nation. Scholarship awards are made to full-time students in accredited baccalaureate nursing degree programs and in accredited master's degree programs offering specialties needed by the VA. Of the 70 awards made to master's degree students in 1982 and 1983, 18 or 25.7 percent were for geriatric/gerontology nursing. In return for scholarship assistance, recipients are obligated to serve a minimum of 2 years in a VA medical center. Thus, these recipients represent a nursing resource which will be available to veteran patients in the medical centers to which the geriatric/gerontology nurses are assigned.

XIII. DEPARTMENT OF VETERANS BENEFITS

COMPENSATION AND PENSION PROGRAMS

Disability and survivor benefits (pension, compensation, and dependency and indemnity compensation) administered by the Department of Veterans Benefits provide all, or part, of the income for 1,647 persons age 65 or older. This total includes 927,456 veterans, 636,162 widows, 70,030 mothers, and 13,847 fathers.

The Veterans' and Survivors' Pension Improvement Act of 1978, effective January 1, 1979, provided for a restructured pension program. Under this program, eligible veterans receive a level of support meeting the national standard of need. Pensioners generally receive benefits equal to the difference between their annual income from all other sources and the appropriate income standard.

This act provided for a $1,245 increase in the applicable income standard for veterans of World War I or the Mexican border period. This provision was in acknowledgment of the special needs of our older veterans. Pensioners receiving benefits under the prior program were provided the opportunity to elect to receive benefits under the new program.

VETERANS ASSISTANCE SERVICE

Veterans Assistance Service personnel maintain liaison with nursing homes, senior citizen homes, and senior citizen centers in regional office areas. Locations are visited as the need arises. Appropriate pamphlets and application forms are provided to personnel at these homes during visits and through regular use of mailings. State and area agencies on aging (AAA) have been identified and are provided information on VA benefits and services through workshops and training sessions.

The Veterans Assistance Service exhibit, "Veterans Benefits for Older Americans" highlights, by pictures and accompanying text, the various benefits explained in the pamphlet of the same title (VA Pamphlet 27-80-2). The exhibit, designed to convey the Veterans Administration's concern with the aging veteran population, has been displayed extensively at meetings addressing problems of the aging. The pamphlet was given wide distribution at the White House Conference on Aging, the National Council on Aging, and by information and referral representatives at field stations.

EDUCATIONAL ASSISTANCE

There are roughly 220 people age 65 or older receiving VA educational benefits, of whom fewer than 100 are training under chapter 34 of the Veterans Readjustment Act of 1966, as amended. Widows of veterans who died of service-connected causes, and wives of veterans who are permanently and totally disabled from service-connected disabilities total about 80 of the enrollees in the survivors' and dependents' educational assistance program. Last year there were some 40 veterans, 65 years of age or older, participating in the vocational rehabilitation program. While no education service, vocational rehabilitation, or counseling service programs are specifically designed as a service to the aged, participation in the programs continues to include a small number of aged veterans and eligible dependents.

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